

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane - Reno, NV 89509 -- (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH _____)			

<input type="checkbox"/> Publicly Traded Corporation - Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation - Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner - Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PipelineRx

Physical Address: 7455 Arroyo Crossing #220

Mailing Address: (same)

City: Las Vegas State: NV Zip Code: 89113

Telephone: 847-696-9101 ext. 1001 Fax: 847-696-1349

Toll Free Number: 877-696-9101 ext. 1001

E-mail: Lstevens@PipelineRx.com Website: www.pipelinerx.com

Managing Pharmacist: Giyae Lee-Thornton License Number: 15128

Hours of Operation: PipelineRx is capable of providing 24/7 service. our hours depend on our clients needs

Monday thru Friday _____ am _____ pm varies Saturday _____ am _____ pm
 Sunday _____ am _____ pm Varies 24 Hours _____ varies

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

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