

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

New Wholesaler     Ownership Change     Name Change     Location Change  
(Please provide current license number if making changes: WH \_\_\_\_\_)

Publicly Traded Corporation – Page 1,2,3,4     Partnership - Page 1,2,3,6a,6b  
 Non Publicly Traded Corporation – Page 1,2,3,5a,5b     Sole Owner – Page 1,2,3,7  
Please check box for type of ownership and complete correct part of the application.

**GENERAL INFORMATION**

Facility Name: Midwest Veterinary Supply, Inc.

Physical Address: 2835 Coleman Street

Mailing Address: Same

City: North Las Vegas State: NV Zip Code: 89032

Telephone: 702-963-0345 Fax: 702-963-0368

Toll Free Number: 1-800-643-9378

E-mail: compliance@midwestvet.net Website: www.midwestvet.net

Facility Manager: Richard Sarrazin

Professional qualifications and experience of facility manager: See attached Resume

Types of licensed outlets or authorized persons firm will serve:

Pharmacies     Practitioners     Hospitals     Wholesalers  
 Other: Veterinarians

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices     Hypodermic Devices  
 Poisons or Chemicals     Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

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This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP? Yes  No   
(If yes, provide a copy of the certificate.)

Licensed as a Manufacturer by the FDA? Yes  No   
(If yes, provide a copy of the FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes  No

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) See Attached List  
Name Address  
Business

2) \_\_\_\_\_  
Name Address  
Business

3) \_\_\_\_\_  
Name Address  
Business

4) \_\_\_\_\_  
Name Address  
Business

**Within the last five (5) years:**

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes  No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No