

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE 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
(Please provide current license number if making changes: WH _____)

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

GENERAL INFORMATION

Facility Name: DASTECH INTERNATIONAL INC.

Physical Address: 10 CUTTER MILL ROAD

Mailing Address: _____

City: Great Neck State: New York Zip Code: 11021

Telephone: 516-466-7676 Fax: 516-466-7699

Toll Free Number: _____

E-mail: info@dastech.com Website: www.dastech.com

Facility Manager: Luz Cozeneuve

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

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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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate.)

Yes No

Licensed as a Manufacturer by the FDA?
(If yes, provide a copy of the FDA registration)

Yes No

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) SRI Magenta

Name	Address
TAMILIADI, TIRUCHOLI TALUK, VIRUDHUNAGAR, India	
Business	
- 2) CHANGZHOU CHEMICAL

Name	Address
Room 1902 NOS BUILDING MEDICAL MEDIA Center, CHANGZHOU, CHINA.	
Business	
- 3) Kalpitaru Chemicals Private Ltd.

Name	Address
S.No. 42/11 MOORNA PALLI, KRISHNAGIRI Rd. Hosur 635102	
Business	
INDIA	
- 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

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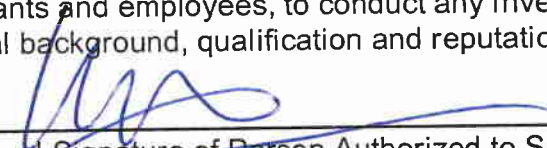
This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

LV2 Cazeneuve
Print Name of Authorized Person

12/30/16
Date

Board Use Only	Received: _____	Amount: <u>\$500.00</u>
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: _____
Parent Company if any: _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Contact Person: _____

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. Robert Kahn %: 100
2. _____ %: _____
3. _____ %: _____
4. _____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____
Registration number issued: _____
Stock Exchange: _____

Include with the application for a publicly traded corporation

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

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OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: New York
Parent Company if any: NONE
Corporation Name: DASTECH INTERNATIONAL INC
Mailing Address: 10 CUTLER MILL Road
City: Great Neck State: NY Zip: 11021
Telephone: 516-466-7676 Fax: 516-466-7699
Contact Person: LOZ CAZENOVE

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

- a) Robert Kaplan 10 CUTLER MILL Rd Great Neck, NY
Name Address 11021
- b) _____
Name Address
- c) _____
Name Address
- d) _____
Name Address

- 2) Provide the number of shares issued by the corporation. 100%
- 3) What was the price paid per share? 0
- 4) What date did the corporation actually receive the cash assets? 1980
- 5) Provide a copy of the corporation's stock register evidencing the above information

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

Include with the application for a non-publicly traded corporation

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Provide a copy of your VAWD certification.

If you are a manufacturer and FDA approved, fingerprints, list of employees and bond are not required. Include a copy of the FDA registration.

Complete two (2) sets of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the FBI for its report. This form is on the website. Each officer and director of the corporation must submit fingerprints. . Please send an email request to pharmacy@pharmacy.nv.gov for fingerprint cards, if needed. We accept standard fingerprint cards.

Submit a list containing each employee(s) who handle the drugs on a daily basis.

Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download forms from the website.