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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.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____) Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: NOVOCOL PHARMACEUTICAL OF CANADA, INC.

Physical Address: 25 WOLSELEY COURT

City: CAMBRIDGE State: ONTARIO Zip Code: N1R 6X3

Telephone Number: 519-623-4800 Fax Number: 519-623-4290

Toll Free Number: N/A

E-mail: epenrose@septodont.com Website: www.septodont.ca

Facility Manager: ERIC PENROSE

Professional qualifications and experience of facility manager: VP of Quality Assurance, 15+ years experience at Novocol Pharmaceutical of Canada, Inc.

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: Dental Anaesthesia and Dental Medical Devices

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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 Manufacturer by the FDA?

Yes ☒ No ☐

(If yes, provide a copy of your 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 regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Henry Schein Inc.

Address: 135 Duryea Road, Melville, NY, 11747, USA

Name: Patterson Dental Supply, Inc.

Address: 1031 Mendota Heights Road, Saint Paul, MN 55120

Name: Quala Dental Products

Address: ADC, 402 BNA Drive, Suite 500, Nashville, TN 37217

Name: Hi-Tech Pharmacal

Address: Hi-Tech Pharmacal Co., Inc., Amityville, NY 11701

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) 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 any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

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This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) 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 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 pharmacy 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

ERIC PENROSE
Print Name of Authorized Person

2019.01.14
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Ontario, Canada
 Parent Company if any: Septodont, Inc.
 Mailing Address: 205 Granite Run Drive, Suite 150
 City: Lancaster State: PA Zip: 17601
 Telephone: +1 (717) 286-0100 Fax: 717-560-3480
 Contact Person: PAUL MONDOCK

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

a) <u>PAUL MONDOCK</u>	<u>205 GRANITE RUN DR., SUITE 150, LANCASTER, PA 17601, USA.</u>
Name	Business Address
b) <u>OLIVIER SCHILLER</u>	<u>SEPTODONT, 58 RUE DU PONT DE CRÉTEL, SAINT-MAUR-DES-FOSSES, 94107 FRANCE.</u>
Name	Business Address
c) _____	_____
Name	Business Address
d) _____	_____
Name	Business Address

- 2) Provide the number of shares issued by the corporation. N/A
- 3) What was the price paid per share? N/A.

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non publicly traded corporationList 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.

<https://www.accessdata.fda.gov/scripts/cda/ahd/getahd.cfm>


Drug Establishments Current...

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Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Novocol Pharmaceutical of Canada, Inc.	3002807/57	201719960	MANUFACTURE:	25 Wobesley Ckt, Cambridge, Ontario N1R 6X3, Canada (CAN)	12/31/2019

Showing 1 to 1 of 1 entries

Data Current through: Monday, Jan 21, 2019

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