

**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: Glasshouse Pharmaceuticals LLC

Physical Address: 7600 Danbro Crescent

City: Mississauga State: Ontario, Canada Zip Code: L5N6L6

Telephone Number: 905-821-7600 Fax Number: 905-821-7602

Toll Free Number: 1-833-284-1788

E-mail: jwier@harborcompliance.com Website: https://cplltd.com/

Facility Manager: Jan Sahai

BSc. Phm. University of  
Professional qualifications and experience of facility manager: Education: Toronto (1984)  
Pharm.D. Philadelphia College of Pharmacy and Science (1987) Research Fellowship. Medical College of  
Virginia School of Pharmacy (1989)

**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: \_\_\_\_\_

101522



**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

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.

Glasshouse Pharmaceuticals LLC has not sold, dispensed or distributed pharmaceutical products within the past year - N/A

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: E0223992018-0

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



**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

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

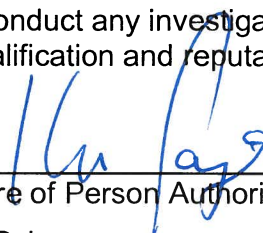
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No

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  
Kenneth Paige

Print Name of Authorized Person

June 13/18  
Date

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

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: \_\_\_\_\_

Mailing Address: 7600 Danbro Crescent

City: Mississauga State: Ontario Canada Zip: L5N6L6

Telephone: 905-821-7600 Fax: 905-821-7602

Contact Person: Kenneth Paige

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
  - a) Contract Pharmaceuticals Limited, 7600 Danbro Crescent, Mississauga Ontario Canada L5N6L6  

Name	Business Address
------	------------------
  - b) \_\_\_\_\_  

Name	Business Address
------	------------------
  - c) \_\_\_\_\_  

Name	Business Address
------	------------------
  - d) \_\_\_\_\_  

Name	Business Address
------	------------------
- 2) Provide the number of shares issued by the corporation. \_\_\_\_\_
- 3) What was the price paid per share? \_\_\_\_\_

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

**Include with the application for a non publicly traded corporation**

List of officers and directors See attached

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. See attached





**PERSONAL INFORMATION**

Name and Title:

Jan Sahai, Pharm D., MBA  
General Manager  
Glasshouse Pharmaceuticals Canada  
Meadowpine Blvd.  
Mississauga, ON  
L5N 6R8

Tel | 905.821.7600 Ext.: 265  
Email | [jsahai@glasshousepharma.com](mailto:jsahai@glasshousepharma.com)

**PHARMACY LICENSURE**

Ontario, Canada

**EDUCATION**

MBA  
Richard Ivey School of Business  
University of Western Ontario, London Ontario  
2001-2003

Post-Doctoral Fellowship in Infectious Disease Pharmacotherapy  
Antibiotic Research Unit, Medical College of Virginia  
Richmond, Virginia  
July 1987 – July 1989

Doctor of Pharmacy (Pharm. D.)  
Philadelphia College of Pharmacy and Science  
August 1985 – June 1987

Bachelor of Science, Pharmacy  
University of Toronto  
September 1980 – June 1984



**WORK RELATED EXPERIENCES**

**Glasshouse Pharmaceuticals Canada (2018 – Present)**

General Manager

**Contract Pharmaceuticals Limited (CPL) (2005 – 2018)**

Vice President, Business Development

**GlaxoSmithKline (1999 - 2005)**

2004 – 2005

Director, Corporate Communications and Stakeholder Relations

2002 – 2004

Therapeutic Area Director, CNS Marketing (Paxil, Imitrex, Amerge, Wellbutrin, Requip)

1999 – 2002

National Sales Manager, HIV & Oncology

**DuPont-Merck (1997 – 1999)**

Director, Virology Marketing

**Hoffmann-La Roche (1996 – 1997)**

Associate Director, Medical Marketing, Virology

**University of Ottawa and Ottawa General Hospital (1989 – 1996)**

Assistant Professor of Medicine and Pharmacology





**NEW JERSEY DEPARTMENT OF HEALTH  
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

P.O. Box 369, Trenton, New Jersey 08625-0369

0731694

**DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION**

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of \$20.00 shall accompany such notification."

Registered as:  manufacturer  wholesaler which conducts business at the following locations in this State:

7600 DANBRO CRES MISSISSAUGA, ON L5N 6L6-

GLASSHOUSE PHARMACEUTICALS LLC  
7600 DANBRO CRES  
MISSISSAUGA, ON L5N 6L6-

Reg. No.  
5005438

ISSUED PURSUANT TO  
N.J.S.A. 24:6B

EXPIRES: January 31, 2019

*Establishment Copy*





**GLASSHOUSE PHARMACEUTICALS LLC**

**Glasshouse Pharmaceuticals LLC  
Licensing Details**

**Applicant:** Glasshouse Pharmaceuticals LLC

**Business Ownership:** LLC – Limited Liability Company  
Delaware Limited Liability Company incorporated February 27, 2017  
EIN: 82-2017890

**Type of Business:** Virtual Manufacturer

**Method of Distribution:** Third Party Logistics Provider

**Member/Owner:**

Contract Pharmaceuticals Limited (Delaware)  
7600 Danbro Crescent  
Mississauga Ontario, Canada L5N6L6  
*100% Parent Company*

**Corporate Officers:**

Kenneth Paige, CEO  
7600 Danbro Crescent Mississauga Ontario, Canada L5N 6L6  
Email: [kpaige@cplltd.com](mailto:kpaige@cplltd.com) PH: 905-821-7600 ext. 321  
DOB: 11/08/1954

Jan Sahai, General Manager  
2145 Meadowpine Blvd. Mississauga Ontario, Canada L5N 6R8  
Email: [jsahai@glasshousepharma.com](mailto:jsahai@glasshousepharma.com) PH: 905-469-9690  
DOB: 01/26/1960

Marcel Vieno, VP Finance  
2145 Meadowpine Blvd. Mississauga Ontario, Canada L5N 6R8  
Email: [mvieno@cplltd.com](mailto:mvieno@cplltd.com) PH: 905-821-7600 ext. 238  
DOB: 07/22/1963

**Description of Products and Operations:**

1. Glasshouse Pharmaceuticals LLC (GPLLC) is a virtual manufacturer of human non-controlled prescription drugs.
2. GPLLC intends to ship to licensed wholesalers and distributors
3. GPLLC will not be distributing samples



## GLASSHOUSE PHARMACEUTICALS LLC

### Glasshouse Pharmaceuticals LLC Licensing Details

#### **Additional Information:**

Glasshouse Pharmaceuticals LLC (GPLLC), organized under the laws of the state of Delaware, is a marketer and distributor of liquid and semisolid prescription pharmaceutical products intended for the US market. GPLLC outsources its product development and manufacturing requirements to Contract Pharmaceuticals Limited Canada, an FDA and Health Canada approved contract development and manufacturing organization with expertise and experience in liquid and semisolid pharmaceuticals.

Glasshouse Pharmaceuticals Canada owns the Product and is the owner of patents and other proprietary and valuable information, data and know-how related to the Product. Glasshouse Pharmaceuticals Canada has licensed out products to GPLLC for sales, marketing, and distribution of products in the US.

**Hours of Operation:** 8:00am to 4:00pm – Monday through Friday

**3PL Provider:** Masters Drug Company, Inc. dba RXTPL  
4200 Binion Way STE 200  
Mason, OH 45036

**Contract MFG:** Contract Pharmaceuticals Limited Canada  
7600 Danbro Crescent Mississauga, Ontario Canada L5N 6L6  
FDA REG: 3001581899

#### **Products (Products to be distributed under GPLLC):**

- |    |              |   |
|----|--------------|---|
| 1. | 71428-001-60 | Fluocinonide Topical Solutions USP, 0.05% 60mL          |
| 2. | 71428-002-60 | Fluocinolone Acetonide Topical Solution USP, 0.01% 60mL |
| 3. | 71428-003-60 | Clindamycin Phosphate Topical Solution UPS, 1% 60mL     |
| 4. | 71428-004-23 | Nitrofurantoin Oral Suspension USP, 25mg/5mL 230mL      |
| 5. | 71428-005-15 | Clobetasol Propionate Cream USP, 0.05% 15ml             |
| 6. | 71428-005-30 | Clobetasol Propionate Cream USP, 0.05% 30ml             |
| 7. | 71428-005-45 | Clobetasol Propionate Cream USP, 0.05% 45ml             |
| 8. | 71428-005-60 | Clobetasol Propionate Cream USP, 0.05% 60ml             |



**Addendum to Wholesaler Application**

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

Please note the following individuals handle product on a daily basis:

- Kenn Hughes (CPL)
- Kevin Waite (Master’s

