

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

**Pharmacy Remodel and Relocation Application**

**Non-Refundable \$75.00 Fee**

Rev (02/09/2023)

**This application cannot be returned by fax or email.  
We must have an original signature and fee to process.**

NAC 639.535 Remodeling or relocation of pharmacy or prescription department. (NRS 639.070) **Before undertaking a structural remodeling or relocation of a pharmacy or a prescription department within the premises of a licensed pharmacy**, the licensee shall notify the Executive Secretary in writing and pay to the Board an inspection fee of \$75. A relocation of a pharmacy to a new address will require the pharmacy to submit a new Pharmacy Application.

Complete and mail the application to the address above with a **non-refundable fee of \$75.00** paid for by credit or debit card or a check made payable to the **Nevada State Board of Pharmacy**. Credit and debit card payments are charged a **5% processing fee**.

This form is only required for pharmacies physically located in **Nevada**. We only require written notification from out-of-state pharmacies.

Section 1: General Information		
Nevada Pharmacy Board License #: _____	Date of Remodel: _____	
Pharmacy Name: _____	Store #: _____	
Physical Address: _____		
City: _____	State: _____	Zip: _____
Telephone: _____	Fax: _____	
Contact Email: _____		
Name of Pharmacist in Charge: _____		
Brief description of the remodel:		

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

\_\_\_\_\_  
Print Name of Authorized Person Submitting Application

\_\_\_\_\_  
Original signature of Authorized Person (copies or stamps not accepted)

\_\_\_\_\_  
Date

<b>Board Use Only</b>	Date Received: _____	Amount: _____
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# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521  
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444  
• Web Page: [bop.nv.gov](http://bop.nv.gov)

**Applicant Name:** \_\_\_\_\_

**Payment:** Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**.

**Credit Cards are charged a 5% processing fee**

<b>Credit Type:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	<b>Credit Card #:</b> _____	
<b>Expiration Date:</b> ___/___ (MM/YY)	<b>CVV (3 digits on back of card):</b> _____	<b>License Amount:</b> \$ _____
<b>Name on Card:</b> _____		
<b>Billing Address:</b> _____ _____ _____		