Application for Non-Practitioner Dispensing Site Owners

Date

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

		ress of Business for W	hich License Is Reques		
		If applicable, Name U	nder Which It Is Now O	perated	
1. PERSONAL INFO	RMATION:				
Last Name		First Nar	me	Middle Name	
Alias(es, Nicknames, Maide	n Name, Other Nan	ne Changes, Legal or C	therwise)		
	0			0:::	
Present Residence Address	-Street or RFD		City	State	e/Zip
Present Business Address		Dates	City	State	e/Zip
		Dates			
Occupation				Phone: Residence	
				Business	
Date of Birth		Place of Birth (City,	County, State)		
			,		
Age	SS# o	TITIN			Sex
0.1. (5	0.1(11.:		NA/ * 1 4	D 111	
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Scars, tattoos or distin	guishing marks	and/or characteris	tics		
	_				
Are you a citizen of the	e United States?	Yes □ No □	If alien, registration	n No	
If naturalized, certificat	te No		Date		
Place			(If natura	lized, document mu	ust be verified.)
2. MARITAL INFOR	MATION:				
Single □ I	Married □	Separated □	Divorced □	Widowed □	Engaged □
Siligie 🗆 — I	WIGHTIEG L	oeparateu 🗆	DIVOICEU L	VVIGOVEG L	Liigageu 🗆
				Applicant's initia	_

A.	Current Mari	riage				10: :
	Date Spouse's full name (Maiden)		City, County and State _SS# or ITIN			
	Date of Birth_		Place	of Birth		
	Resident add	ress				
		Street		City	State	Zip
	Telephone:	Residence		_Business		
	Spouse's em	ployer		_Occupation		
	Address of er	mployer Street		City	State	Zip
B. Pi			eparated, divorced, o			
Name o	of Spouse	Date of Order or Decree	Date and Place of Marriage	Nature of Action	City,	County, and State
	List of names	current address and	d telephone numbers	of provious spousos		
Name		reet City	State	Zip		lephone
		,		,		
3. F <i>A</i> A.	MILY INFORM Children and	//ATION: d Dependents:				
	List all c	hildren, including step	o-children and adopte	d children and give	the follow	ring information:
Name		Birth Date	Birth Place	Resident Address		
	Child Compa	ut lufo um eti e u	,			
B.	Chiid Suppo	rt Information:				
	Pleas	se mark the appropria	ate response:			
		I am not subject to a	a court order for the s	upport of child.		
		a plan approved by	urt order for the suppo the district attorney o nount owed pursuant	r other public agend		d am in compliance with ng the order for the
		with the order or a p		district attorney or ot	her public	d NOT in compliance agency enforcing the

	District attorney or	public agency re	sponsible for enfor	cing the child support order	•
	Name				
	Address				
	Contact person				
C.	Parents: List names, reside	nce addresses, o	dates of birth and r	nost recent occupations of p d, list last address and occu	
Name ((Maiden)	Birth Da	te Address	Occı	upation
Father					
Mother					
Father-in-	-Law				
Mother-in	n-Law				
D.	Brothers and Siste List names, resider respective spouses	nce addresses, d	ates of birth and m	nost recent occupations of b	rothers and sisters and of the
Name (Maiden)	Birth Date	Address		Occupation
Spouse					
Spouse					
Spouse					
Spouse					
4. El	DUCATION:				
	Name of School		Location	Dates Attended	Graduate
Grammar School					Yes □ No □
High School					Yes □ No □
College University					Yes □ No □
Other					Yes □ No □
Туре	of degree obtained, if	any	,		
Colleg	ge or university where	obtained			

FAMILY INFORMATION-Continued

5 MILITARY INFORMATION: Have you ever served in any armed forces? Yes □ No □ Branch Date of separation Type of discharge Rating at separation Serial number While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes □ No □ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.) Have you registered for the draft? B. Yes □ No □ State Date registered 6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.) Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for anyreason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes □ No □ If yes, give details in space provided below. List all cases without exception. Location City & State Date of Arrest Charge Deposition/Date Arresting Agency Age Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10. C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes □ No □ D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes □ No □

Name Relationship Charge Location Date

Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing?

city, county and state

____city, county and state

Has any member of your family or of your spouse's family ever been convicted of a felony? Yes □ No □

Have you ever had a civil or criminal record expunged or sealed by a court order? Yes $\ \square$ No $\ \square$

Haveyoueverreceived apardon or deferred prosecution for any criminal offense? Yes □ No □

If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

E.

F.

G.

Η.

Yes ☐ No □

If yes when?

Applicant's initial_____

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ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

part to a lawsui			director or officer of a corpo n as either a claimant or res	
	ails below. List all cases w	rithout exception, inclu	uding bankruptcies:	
Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
associated with		ector or partner) beer	ship or closely held corporat n a party to a lawsuit, arbitra	
Name of Entit	у	Type of Entity	Approximate	e Date(s) of
			Lawsuit/Arbitrat	lon/Bankfuptcy
	nave had for the last 25 ye	ears:		
Month and Year (From-To)	Street and Number	City	State or Co	bunty

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/ Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/ Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/ Business	Reason for Leaving
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Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/ Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

9. CHARACTER REFERENCES:

List five character reference who have known you five years or more. Do not include relatives, present employer or employees.

Name		City State	Zip Telephone	Years Known
	Street Home	City State	Zip Telephone	T EatS MIOWI
mployer	Business			
ame	Home			
mployer	Business			
ame	Home			
mployer	Business			
ame	Home			
mployer	Business			
ame	Home			
mployer	Business			
10.	Have you ever held a pr limited to the following:	ivileged, occupational or profes	sional license in any state, includ	ling but not
iquor octor ccountant	Lawyer Contractor Pilot Yes No If yes, state type, where	Race horse/ race dog owner Real estate broker or salesman Sports Promoter	Securities dealer Barber/Cosmetologist Trainer or Manager	Insurance Gaming Educator
11.	interest in a licensed by If yes, state type, when	usiness or industry OUTSIDE tand where and give names and	ss, venture or industry license or the State of Nevada? Yes locations of the businesses in we agency responsible for licensing	o □ hich you were
11.	interest in a licensed by If yes, state type, when involved, the names and	usiness or industry OUTSIDE tand where and give names and	the State of Nevada? Yes □ No locations of the businesses in w	o □ hich you were g said business,
11.	interest in a licensed by If yes, state type, when involved, the names and venture or industry Have you ever appeared	usiness or industry OUTSIDE to and where and give names and diaddress of all partners and the	the State of Nevada? Yes Note that the businesses in we agency responsible for licensing	hich you were g said business,

14.	Have you ever been refused a business or industry license or reparticipant in any group which has been denied a business or insuitability?	
15.	Have you or any person with whom you have been a participar administrative action or proceeding relating to the pharmace	
16.	Have you or any person with whom you have been a participar guilty, plead guilty or entered a plea of nolo contendere to any prescription drugs and/or controlled substances?	
17.	Have you or any person with whom you have been a participar permit or certificate of registration relating to the pharmaceutica than upon voluntary closure)	nt in any group ever surrendered a license, al industry voluntarily or otherwise (other Yes □ No □
18.	Do you have any relatives within the fourth degree of consanguation pharmaceutical or drug related industry	uinity associated with or employed in the Yes \Box No \Box
		ATTACH PHOTOGRAPH TAKEN WITHIN LAST 30 DAYS HERE
		Date of photograph
		Applicant's imitial
		Applicant's initialPage 8

STATE OF	
57.112 51 <u> </u>	SS.
COUNTY OF	
l,	, being duly sworn, depose and say I have read the
foregoing application and know the contents thereo	of; that the statements contained herein are true and correct and
contain a full and true account of the information re	equested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information re	equested may be deemed sufficient case for denial or revocation of
a wholesaler license; that I am voluntarily submittin	ng this application with full knowledge that Nevada Revised Statutes
639.210 (10) provides denial or revocation of the a	application of any person for a certificate, license, registration or
permit if the holder or applicant "Has obtained any	certificate, certification, license or permit by the filing of an
application, or any record, affidavit or other informa	ation in support thereof, which is false of fraudulent," and further, that
I have familiarized myself with the contents of Neva	ada Statutes on Pharmacists and Wholesaler and the Controlled
Substances Act, as amended, and the Regulations	s of the Nevada State Board of Wholesaler as promulgated
thereunder and agree, if licensed, to abide thereby	′,
I hereby expressly waive, release and fore	ever discharge the State of Nevada, the licensing agency and its
agents from any and all manner of action and caus	ses of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada	a, the licensing agency and its agents, as a result of my applying to
be a designated representative for a pharmacy or v	wholesaler in the State of Nevada.
	Original Signature of Applicant
Subscribed and Sworn to before me this	day of
Notary Public	
	(seal)

Applicant's initial____

ADDITIONAL INFORMATION
