

A

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☑ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Alore, LLC

Physical Address: 999 Commercial Street SE Salem, OR 97302

Mailing Address: 8260 NW 27th St #403 Attn: Compliance Dept.

City: Doral State: FL Zip Code: 33122

Telephone: (877) 814-2968 Fax: (877) 270-6708

Toll Free Number: (877) 814-2968 (Required per NAC 639.708)

E-mail: licensing@alore-rx.com Website: N/A

Managing Pharmacist: Adela Waldie License Number: RPH-0013932

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☑ ☐ Retail
☐ ☑ Hospital (# beds _____)
☐ ☑ Internet
☐ ☑ Nuclear
☐ ☑ Ambulatory Surgery Center
☐ ☐ Community
☑ ☐ Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- ☐ ☑ Off-site Cognitive Services
☐ ☑ Parenteral **
☐ ☑ Parenteral (outpatient)
☐ ☑ Outpatient/Discharge
☑ ☐ Mail Service
☐ ☑ Long Term Care
☐ ☑ Sterile Compounding **
☐ ☑ Non Sterile Compounding
☐ ☑ Mail Service Sterile Compounding **
☐ ☑ Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

98672

B

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 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: BALL PARK PHARMACY

Physical Address: 1900 BALLPARK WAY, STE 104, ARLINGTON, TX 76006

Mailing Address: 1900 BALLPARK WAY, STE 104, ARLINGTON, TX 76006

City: ARLINGTON State: TX Zip Code: 76006

Telephone: 682-323-5258 Fax: 682-323-5449

Toll Free Number: 844-302-9652 (Required per NAC 639.708)

E-mail: ballparkpharmainc@gmail.com Website: N/A

Managing Pharmacist: LINDA LAN NGUYEN License Number: 50336

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

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98653

C

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 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Beta Discount Pharmacy & Health Services, LLC

Physical Address: 776 Sand Town Rd

Mailing Address: 776 Sand Town Rd

City: Marietta State: GA Zip Code: 30008

Telephone: 678-909-3455 Fax: 888-892-1827

Toll Free Number: 888-885-0887 (Required per NAC 639.708)

E-mail: LICENSING@BETARX.US Website: N/A

Managing Pharmacist: Adefunke Hughey License Number: RPH025794

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

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Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: K&C Pharmacy Depot, LLC, d/b/a Chesapeake Bay Pharmacy

Physical Address: 5686 Silver Hill Road, District Heights, Maryland 20747

Mailing Address: 5686 Silver Hill Road

City: District Heights State: Maryland Zip Code: 20747

Telephone: 301-456-7349 Fax: 866-754-3970

Toll Free Number: 844-236-5486 (Required per NAC 639.708)

E-mail: jennifer.parker@cbprx.net Website: _____

Managing Pharmacist: Brittany Bruce License Number: 20903

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

**All boxes must be checked
For the application to be complete**

Yes/No

- Off-site Cognitive Services**
- Parenteral ****
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding ****
- Non Sterile Compounding
- Mail Service Sterile Compounding ****
- Other Services: _____

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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Caremark, L.L.C. dba CVS/specialty #48604

Physical Address: 1001 Spinks Road, Ste 280, Flower Mound, TX 75028

Mailing Address: One CVS Drive, Licensing Dept/MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 214-285-4096 Fax: 401-335-7592

Toll Free Number: 800-360-0520 (Required per NAC 639.708)

E-mail: joyce.willis@cvshealth.com Website: _____

Managing Pharmacist: Nu Le License Number: 47415

TYPE OF PHARMACY AND SERVICES PROVIDED

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Mail Order</u>		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Dr. Ike's Pharmacy #1

Physical Address: 7640 Tampa Ave. Suite # 103

Mailing Address: 7640 Tampa Ave Suite #103

City: Reseda State: CA Zip Code: 91335

Telephone: (818) 578-7400 Fax: (818) 578-7407

Toll Free Number: (833) 377-7453 (Required per NAC 639.708)

E-mail: drikerx1@gmail.com Website: www.drikerx.com

Managing Pharmacist: Harut Kagoyan License Number: 64527

TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
All boxes must be checked	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
For the application to be complete	<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

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Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Focused Care Pharmacy, Inc.

Physical Address: 10040 Tarbell Rd Suite 100

Mailing Address: 10040 Tarbell Rd Suite 100

City: Syracuse State: NY Zip Code: 13206

Telephone: 744-807-3730 Fax: 315-433-2372

Toll Free Number: 844-807-3730 (Required per NAC 639.708)

E-mail: contactus@focusedcarerx.com Website: n/a

Managing Pharmacist: Tim Walsh License Number: 038931

TYPE OF PHARMACY AND SERVICES PROVIDED

- Yes/No
- Retail
 - Hospital (# beds _____)
 - Internet
 - Nuclear
 - Ambulatory Surgery Center
 - Community
 - Other: _____

- Yes/No
- Off-site Cognitive Services
 - Parenteral **
 - Parenteral (outpatient)
 - Outpatient/Discharge
 - Mail Service
 - Long Term Care
 - Sterile Compounding **
 - Non Sterile Compounding
 - Mail Service Sterile Compounding **
 - Other Services: _____

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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Janus Rx

Physical Address: 2697 International Pkwy. Bldg. 3 Ste. 103

Mailing Address: 3480 Eastern Blvd. Montgomery, AL 36116

City: Virginia Beach State: VA Zip Code: 23452

Telephone: 757-351-1951 Fax: 757-351-1953

Toll Free Number: 855-422-9701 (Required per NAC 639.708)

E-mail: Jgreen@mimsmanagementgroup.com Website: N/A

Managing Pharmacist: Derek Sapone License Number: 18411

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: After hours
Remote order entry

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

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