

SOUTH DAKOTA STATE BOARD OF PHARMACY

3701 W. 49th Street, Suite 204
Sioux Falls, SD 57106
605-362-2737
www.pharmacy.sd.gov

Application for License of the Sale of Nonprescription Drugs In South Dakota by Non-Pharmacists or Lay Persons

LICENSE EXPIRES JUNE 30 OF EACH YEAR

APPLICATION FEE: \$20.00: New Application Renewal (current South Dakota license number) _____
 Change of ownership for (current South Dakota license number) _____

1. Business Location:

DBA Name to Appear on License: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____ Fax: _____

2. Contact Address where all correspondence regarding licensure will be sent if other than licensed facility above:

Contact Name: _____ Phone Number: _____

Company/Corporate Name: _____

Mailing Address: _____

City, State, ZIP: _____

Email Address: _____

3. Certification

Being of good moral character over eighteen years of age and conducting a retail place of business in South Dakota as described above, I hereby apply for a nonprescription drug license for the required fee of \$20.00. I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Owner or Corporate Representative

Date

Printed Name: _____

(APPLICATION MUST BE ACCOMPANIED BY FEE OF \$20.00)

Mail to: South Dakota Board of Pharmacy, 3701 W. 49th St., Suite 204, Sioux Falls, SD 57106

FOR SD BOP USE ONLY

Received _____ Check # _____ Amount _____ Approved _____ Issued _____