

**Notarized Supplement to Application for
South Dakota (In-State) Resident/Non-Resident (Out-of-State) Pharmacy Licensure or Renewal**

- Form to be completed by an owner, partner, officer, or member
- Person signing form must be on the List of owner, partner, officer, or member document uploaded in application
- Form must be notarized, and all dates be the same/match
- A designated representative may perform signing function only if a power of attorney document granting signing authority is uploaded with this form.

NOTARIZED AFFIDAVIT

As an Individual/Sole Proprietorship/Single Member LLC/or Partnership, complete sections #1 and #3
As a Corporation/LLC, complete sections #2 and #3.

1. **Individual/Sole Proprietorship/Single Member LLC/or Partnership:** I, _____, being first

(Print Name)
duly sworn, depose and say that I am the owner of _____ percent of the merchandise and fixtures in _____

(Print Pharmacy Name)
in the application for a license to provide Pharmacy Services in or into South Dakota.
2. **Corporation/LLC:** I, _____, being first duly sworn, depose and say that I am the

(Print Name)
_____ of _____, a corporation/LLC, and

(Print Title) (Print Corporation/LLC Name)
one of its members of the LLC, managing officers or directors of the corporation/LLC; that said corporation/LLC is the owner of the
merchandise and fixtures in _____ in the application form for a license to provide Pharmacy Services in
South Dakota. _____
(Print Pharmacy Name)
3. That said place of business may be registered as a resident/nonresident pharmacy and conducted in accordance with the laws of the
State of South Dakota and Sole Proprietorship/Partnership or Corporation/LLC hereby delegate(s) complete responsibility for the
pharmaceutical services to the Registered Pharmacist-in-Charge

Print pharmacist-in-charge name

Pharmacist License #

State Licensed In

to have full charge of the merchandise and fixtures at said place of business in the same manner and to the same degree as if said pharmacist were the sole owner of such merchandise and fixtures. Per SDCL 36-11-34: "No permit to conduct a pharmacy shall be issued to any pharmacist applicant unless such pharmacist applicant is owner, or part owner, of the merchandise and fixtures of the place of business for which such pharmacy registration is applied for, or unless application is made jointly with a registered pharmacist owner, or unless the non-pharmacist owner of the merchandise and fixtures of the place of business for which pharmacy registration is applied for, has made affidavit on a form prescribed by the state board of pharmacy delegating complete responsibility for the pharmaceutical services in said place of business to the pharmacist applicant."

Date

Signature of Individual, Sole Proprietor, Single Member LLC, Partner, Member, or Corporate Officer

Print name of Individual, Sole Proprietor, Single Member LLC, Partner, Member, or Corporate Officer

Print Title

NOTARY PUBLIC USE ONLY

Subscribed and verified before me in the County of _____, State of _____

This _____ day of _____, 20__

(Notary Seal)

Notary Public Signature

My Commission Expires