

**Notarized Supplement to Application for  
South Dakota Resident/Non-Resident Pharmacy Licensure or Renewal**

This document should be signed by the owner if sole proprietorship, by partner if partnership, and corporate officer if a corporation. The person signing this document needs to appear in the listing of owner/operators of the facility that has been provided.

If Notarized Supplement to Application Form is signed by an individual who has been granted Power of Attorney Authority, a copy of the Power of Attorney authorizing document must be uploaded with this Notarized Supplement to Application Form.

**Must be Completed if Pharmacist-in-Charge Applicant is *not* Sole Owner of Merchandise and Fixtures**

**NOTARIZED AFFIDAVIT**

Complete first portion of form as a Sole Proprietorship/Partnership or second portion, if Corporation/LLC

**1. Sole Proprietorship or Partnership:** I, \_\_\_\_\_, being first duly sworn, depose and say that  
(Printed Name)

I am the owner of \_\_\_\_\_ percent of the merchandise and fixtures in \_\_\_\_\_ in the application for a  
(Pharmacy Name)

license to provide Pharmacy Services in or into South Dakota. **OR**

**2. Corporation/LLC:** I, \_\_\_\_\_, being first duly sworn, depose and say that I am the  
(Printed Name)

\_\_\_\_\_ of \_\_\_\_\_, a corporation/LLC, and one  
(Printed Title) (Printed Corporation/LLC Name)

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.  
(Pharmacy Name)

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

\_\_\_\_\_  
Printed name - Same as pharmacist-in-charge signing application      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 Non-Pharmacist Owner, Partner, Member, or Corporate Officer

\_\_\_\_\_  
Printed name of Non-Pharmacist Owner, Partner, Member, or Corporate Officer

\_\_\_\_\_  
Title

<b>NOTARY PUBLIC USE ONLY</b>	
Subscribed and verified before me in the County of _____, State of _____	
This _____ day of _____, 20__	
(Notary Seal)	_____ Notary Public Signature
	_____ My Commission Expires