

SOUTH DAKOTA BOARD OF PHARMACY

SUPPLEMENT TO APPLICATION FORM

For Resident (In-State) & Nonresident (Out-of-State) Pharmacies

Directions

1. This form is required for all applications (initial, renewal and CHOW).
2. A new form must be completed with each application.
3. Form must be completed by an owner, partner, officer, or member of the business.
4. Form signer's name must appear on the **Owner, Partner, Officer, or Member list** uploaded in application.
5. A designee may sign form if a copy of a power of attorney document executed by an owner, partner, officer, or member granting authority to designee is uploaded with this form.
6. Scan form and POA document (if applicable), save in PDF format, and upload in application.

Individual/Sole Proprietorship/Single Member LLC/ or Partnership - complete form sections 1 and 3

Corporation/LLC - complete form sections 2 and 3

1. **Individual/Sole Proprietorship/Single Member LLC/or Partnership:** I, _____, being first duly sworn, (print person's name)
depose and say that I am the owner of _____ percent of the merchandise and fixtures in _____ in (print pharmacy name)
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 person's name)
_____ of _____, a corporation/LLC, and one (print title) (print 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 (print pharmacy name)
Dakota.

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."

Signature of Owner, Partner, Officer, Member

Title

Print Name of Owner, Partner, Officer, Member

Date