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 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."

_____	_____
Signature of Owner, Partner, Officer, Member	Title
_____	_____
Print Name of Owner, Partner, Officer, Member	Date