**ARIZONA STATE BOARD OF PHARMACY**
**P. O. Box 18520 Phoenix, AZ 85005**
**p ) 602-771-2727 f ) 602-771-2749**
**www.azpharmacy.gov**

| FOR AGENCY USE ONLY | | | | | | | |
|---|---|---|---|---|---|---|---|
| ASBP Approval: | | Permit No.: | | Fee: | | Receipt No.: | |
| Effective Date: | | Certificate Mailed: | | Check No.: | | Check Date: | |
| Fee From: | | Fee To: | | | | | |

# APPLICATION FOR COMPRESSED MEDICAL GAS DISTRIBUTOR / REPACKAGER PERMIT

**(Call Board Office for Fee Information)**

| | |
|---|---|
| Business Name: | |
| Address: | |
| City, State, Zip: | |
| County: | |
| Facility Phone Number: | |
| Facility Fax Number: | |
| E-mail: | |
| Mailing Address (if different): | |
| City, State, Zip: | |
| Name of owner(s) (If corporation or partnership, attach a list of officers or partners on a separate sheet, including name, title and address): | |
| Corporate Phone Number: | |
| Corporate Fax Number: | |
| Date business started / opening: | |
| Type of business (example: home health, medical equipment, welding, oxygen supply, etc.): | |
| Application submitted due to change in ownership? | ☐ Yes ☐ No |
| If yes, give former owner's name, AZ permit number, and permit name (if different): | |
| Other trade or business names used: | |
| Have you conducted a similar business in any other jurisdiction? | ☐ Yes ☐ No |
| If yes, state under what names and locations: | |
| Has the owner, or any corporate officer or active partner ever been convicted of an offense involving moral turpitude, a felony offense, or any drug-related offense or has any currently pending felony or drug-related charges? | ☐ Yes ☐ No |
| If yes, indicate charge, conviction date, jurisdiction, and location: | |

[ continued on page 2 ]

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|---|---|
| Has the owner, or any corporate officer or active partner ever been denied a pharmacy permit in this state or any other jurisdiction? | ☐ Yes ☐ No |
| If yes, indicate where and when: | |
| Name & emergency phone number of manager or responsible person: | |

FACILITIES LOCATED IN ARIZONA REQUIRE:

Zoning - Include documentation of compliance with local zoning laws.

FACILITIES LOCATED OUTSIDE ARIZONA REQUIRE:

Existing Permit - Attach a photo copy of license / permit issued by State of domicile.

*To the best of my knowledge and belief the foregoing application is true and current in all respects.*

| _____ | _____ | _____ |
|---|---|---|
| (Signature of Owner, Corporate Officer or Manager) | (Title) | (Date) |