

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414  
 Topeka, Kansas 66612-1244  
 www.pharmacy.ks.gov (785)296-4056

**REGISTRATION APPLICATION:  
 Institutional Drug Room  
 Form BA-12**

All applications must be typed, be complete, and include all fees and supporting documentation before they will be processed by staff.

**FEES**

Enclose a check or money order payable to the Kansas State Board of Pharmacy in the amount of \$20.00. Fees are nonrefundable.

**OWNERSHIP**

The Owner is considered the "applicant" for purposes of this form. If the Owner is a corporate or other legal entity, please complete and attach the appropriate Ownership Form (S-310 Partnership, S-320 LLC, or S-330 Corporate).

**Please indicate if this is a new application or a change:**

New Application

Change (Check all that apply):  Address

Ownership

Name

Previous registration number: \_\_\_\_\_ Effective date of change: \_\_\_\_\_

**OWNER/APPLICANT INFORMATION**

Name		Other States Registered (abbrev.)	
Address			
City	State	Zip	County
Phone	Fax	Email	
Ownership Type: <input type="checkbox"/> Individual Provide SSN: _____ <input type="checkbox"/> Government Entity Provide FEIN: _____ <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation Complete and attach the appropriate Ownership Form (S-310 Partnership, S-320 LLC, or S-330 Corporate)			

**INSTITUTIONAL DRUG ROOM INFORMATION**

Name (printed on license)			
Physical Address (non-residential)			
City	State	Zip	County
Phone	Fax	Email	

**AUTHORIZED AGENT INFORMATION** (For partnerships, LLCs, nonprofits, and companies)

Name		Title	
Address			
City	State	Zip	County
Phone	Fax	Email	

**Designate where all formal correspondence, notices, and renewals should be sent:**

Owner

Physical Location

Authorized Agent

Initials: _____	<b>OFFICE USE ONLY</b>		
Permit #: _____	Fee: \$ _____	Date: _____	Check #: _____

