

**STATE BOARD OF PHARMACY**

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

REGISTRATION APPLICATION:

Retail Dealer
Form BA-10

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 \$9.60. Fees are nonrefundable.

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			
Address			
City	State	Zip	County
Phone	Fax	Email	

RETAIL DEALER INFORMATION

Name of Store (printed on license)			
Physical Address			
City	State	Zip	County
Phone	Fax	Email	
Contact Person	Contact Person Direct Phone	Hours of Operation	

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

STORE PROPRIETOR/MANAGER CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this application and that the information provided is true, correct, and complete to the best of my knowledge.

SIGNATURE _____

DATE SIGNED _____

Initials: _____	OFFICE USE ONLY		
Permit #: _____	Fee: \$ _____	Date: _____	Check #: _____