

**STATE BOARD OF PHARMACY**800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785)296-4056**SUPPLEMENTAL APPLICATION:
LLC Ownership
Form S-320**

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

SUPPORTING DOCUMENTATION

You MUST submit your Articles of Organization with this form.

Note: A copy of the Operating Agreement must be made available to the Board if the Board so requests.

APPLICANT INFORMATION

Name of Pharmacy/Facility (DBA name if applicable)			Phone Number
Address of Pharmacy/Facility			
City	State	Zip	County
Name of LLC			
Address of LLC			
City	State	Zip	County
Federal Employer Identification Number (FEIN)			Phone Number

LLC MANAGER

LLC Manager Name			
Address of Record			% Ownership
City	State	Zip	County
Manager's Kansas Board of Pharmacy License Number & Type (if applicable)			

LLC MEMBERS

List name, address, & percent ownership of all members for the LLC listed above. If any of the members listed below is an LLC, Partnership, or a corporation, a separate business entity form (Form S-310, S-320, or S-330) must also be completed for each member.

Total ownership percentages must equal 100%. If additional space is needed, please attach additional copies of the next page.

Member Name 1			Title
Address of Record			% Ownership of LLC
City	State	Zip	County
Member's Kansas Board of Pharmacy License Number & Type (if applicable)			

Member Name 2			Title
Address of Record			% Ownership of LLC
City	State	Zip	County
Shareholder's Kansas Board of Pharmacy License Number & Type (if applicable)			

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Member Name 3			Title
Address of Record			% Ownership of LLC
City	State	Zip	County
Member's Kansas Board of Pharmacy License Number & Type (if applicable)			

Member Name 4			Title
Address of Record			% Ownership of LLC
City	State	Zip	County
Member's Kansas Board of Pharmacy License Number & Type (if applicable)			

Member Name 5			Title
Address of Record			% Ownership of LLC
City	State	Zip	County
Member's Kansas Board of Pharmacy License Number & Type (if applicable)			

LLC 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