



**STATE BOARD OF PHARMACY**

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Topeka, Kansas 66612-1244  
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pharmacy@ks.gov Fax (785) 296-8420

**SUPPLEMENTAL APPLICATION:  
Partnership Ownership  
Form S-310**

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

**SUPPORTING DOCUMENTATION**

If a Limited Partnership, you MUST submit your Certificate of Limited Partnership with this form.  
If a Limited Liability Partnership, you MUST submit your Statement of Qualification with this form.  
*Note: A copy of the Partnership 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 Partnership			
Address of Partnership			
City	State	Zip	County
Federal Employer Identification Number (FEIN)			Phone Number

**PARTNERS**

You must provide the following information for each general & limited partner of the partnership listed above.  
**Total ownership percentages must equal 100%.** If additional space is needed, please attach additional copies of this page.

Partner Name 1			Status: <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner
Address of Record			% Ownership of Partnership
City	State	Zip	County
Partner's Kansas Board of Pharmacy License Number & Type (if applicable)			

Partner Name 2			Status: <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner
Address of Record			% Ownership of Partnership
City	State	Zip	County
Partner's Kansas Board of Pharmacy License Number & Type (if applicable)			

**PARTNER 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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED