South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Pharmacy
P.O. Box 11927 • Columbia, SC 29211-1927
Phone: 803-896-4700 • Fax: 803-896-4596 • www.llronline.com/POL/Pharmacy/

FOR BOARD USE ONLY	
Date Paid:	
Amt Paid	Ck#
Referred to Inspector:	
Inspected by:	

RESIDENT RELOCATION (within the same city)

This completed application along with the non-refundable **$50 relocation fee** must be received in the Board office prior to relocation. An onsite inspection will take place after the relocation. A new permit number will not be issued, however, you will receive a new certificate reflecting your new address.

- ☐ Pharmacy
- ☐ Non-dispensing Drug Outlet
- ☐ Medical Gases/Legend Devices
- ☐ FQHC Drug Outlet
- ☐ EMS Non-dispensing Drug Outlet (relocation fee not required)

Permit # _____

Name of Facility as Shown on Permit _____

Current Location of Facility _____
(Street & Number)

_____
(City) (County) (Zip)

New Location of Facility _____
(Street & Number)

_____
(City) (County) (Zip)

Current Telephone Number with Area Code _____

If Telephone number will change after relocation, please give new number _____

Will type of operation change after relocation? ☐ NO ☐ YES If yes, please describe new operation:

_____

Expected Date of Relocation _____

_____ _____
(Signature of Permit Holder) (Date)

Please send completed application and fee to:

S.C. Board of Pharmacy
110 Centerview Drive, Suite 201
Columbia, SC 29210

or

S.C. Board of Pharmacy
PO Box 11927
Columbia, SC 29211-1927