South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Pharmacy
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11927 • Columbia • SC 29211-1927
Phone: 803-896-4700 • Contact.pharmacy@llr.sc.gov • Fax: 803-896-4596
llr.sc.gov/bop

2026-2027 NON-RESIDENT MANUFACTURER REPACKAGER PERMIT RENEWAL

FOR BOARD USE ONLY	
Date Paid	
Check No.	
Amount Paid	

Before you renew:

- South Carolina law requires permit holders to notify the Board within thirty (30) days if there has been a change in ownership, legal name change, change in business form, management, designated representative or relocation of the facility. **DO NOT RENEW** if any of these changes have occurred. You must contact the Board before renewing the permit. *See* S.C. Code § 40-43-91(B)(2).
- If there have been any changes in the facilities used for storage, handling, and distribution of drugs or changes in the contact information for those facilities, contact the Board before renewing this permit.
- **Submit a copy of the most recent facility inspection report.**

Renewal Requirements and Instructions:

- To electronically submit this permit renewal directly to the Board visit: https://eservice.llr.sc.gov/DocumentSubmission/. The renewal fee may be paid via debit/credit card or electronic check.

  Note: If mailing the paper application for permit renewal, submit the renewal fee in the form of a check or money order (no cash) payable to SC Board of Pharmacy. (All fees are non-refundable. A returned check fee of up to $30, or an amount specified by law, may be assessed on all returned funds.)
- **Renewal / Late Fees:**
  Postmarked on or before May 31, 2026: **$700**
  Postmarked on or after June 1, 2026: Late Fee $50 + Renewal Fee $700 = **$750**
- Beginning July 1, 2026, lapsed permits will be assessed fees of $10/day until the permit is reinstated.
- Permits not renewed by June 30, 2026, are lapsed. A facility that operates with a lapsed permit is in violation of S.C. Code Ann. § 40-43-140 and may be subject to disciplinary action. Additionally, a permit holder who allows a site to operate with a lapsed permit is in violation of S.C. Code Ann. § 40-43-83 and may be subject to disciplinary action.

FACILITY INFORMATION

Federal Tax ID No.: _____ SC Permit No.: _____

SC DPH Controlled Substances Registration No. (if applicable): _____

DEA Registration No. (if applicable): _____ Expiration Date: _____

Resident State License No.: _____ Expiration Date: _____

NABP e-Profile ID (If applicable): _____

Legal Name of Facility: _____

DBA Name: _____

Facility Address (physical): _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Mailing address where all correspondence regarding permitting will be sent if other than facility above

Facility Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Permit Holder Name: _____ Phone: _____

Email: _____

Designated Representative Name: _____ Phone: _____

Email: _____

FACILITY OPERATIONS

Entity Type:

Check all types of activity taking place at this facility:

☐ Manufacturer ☐ Virtual Manufacturer ☐ Contract Manufacturer ☐ Packager/Repackager
☐ Labeler/Re-Labeler

1. Has there been a change in ownership, legal name change, change in business form, or relocation of the facility?

   ☐ Yes – Contact the Board of Pharmacy office before completing this application. ☐ No

2. Has there been any changes in the facilities used for storage, handling, and distribution of drugs or changes in the contact information for those facilities?

   ☐ Yes – Contact the Board of Pharmacy office before completing this application. ☐ No

3. Does this facility distribute, store, or manufacture controlled substances? ☐ Yes ☐ No

4. Is this facility compliant with the Drug Supply Chain Security Act (DSCSA)? ☐ Yes ☐ No
   Access information on DSCSA at www.llr.sc.gov/bop.

5. Is this facility reporting to the FDA as an authorized trading partner? ☐ Yes ☐ No

DISCIPLINARY HISTORY

For any "Yes" answers below, please provide and submit a detailed explanation for each person or entity to whom a Yes answer applies. Official documentation of judgment(s) or disposition(s) must also be provided by the applicable person and/or the entity's authorized agent, as well as the city and state where the offense(s) or discipline occurred.

To the best of your knowledge, SINCE THE LAST RENEWAL, (or if this is your first renewal since your initial licensure), has the applicant, the entity, undersigned permit holder, designated representative, any person or entity identified as holding a position in ownership/management, or any entity under common control of the applicant:

1. Had a professional license or permit disciplined, denied, refused, voluntarily surrendered, agreed to permanently cease operations, or revoked? ☐ Yes ☐ No

   a. Have any pending disciplinary action? ☐ Yes ☐ No

2. Been convicted, fined, or entered in a plea of guilty or nolo contendere to a crime (other than a minor traffic offense)? ☐ Yes ☐ No

   a. Have any legal action pending related to violations of any federal or state pharmacy laws or drug laws regardless of the jurisdiction of legal action? ☐ Yes ☐ No

3. Operated, or allowed any facility to operate, without a valid permit? ☐ Yes ☐ No

PERMIT HOLDER ATTESTATION

☐ I hereby affirm that I have read and approved the forgoing renewal application. I affirm that all information and statements contained herein are true and accurate to the best of my knowledge and belief.

☐ Should additional explanation and/or documentation be required, I accept responsibility to ensure additional explanation and documentation will be provided, if necessary. I further understand that this application will not be processed until all documentation is received.

☐ I understand that pursuant to S.C. Code Ann. § 40-43-83(E), the Board may enter into agreements with other states or with third parties for the purpose of exchanging information concerning the permitting and inspection of entities located in this jurisdiction and those located outside this State.

_____ _____

Permit Holder Signature Date

DESIGNATED REPRESENTATIVE ATTESTATION

☐ I hereby affirm that I have read and approved the foregoing renewal application. I affirm that all information and statements contained herein are true and accurate, to the best of my knowledge and belief.

☐ I understand that I am responsible for abiding by the statutes and regulations governing my role as the facility's designated representative.

☐ I hereby certify that the facility for which this permit renewal is sought will be operated in full compliance with all applicable federal and South Carolina laws.

☐ I understand that pursuant to S.C. Code Ann. § 40-43-83(E), the Board may enter into agreements with other states or with third parties for the purpose of exchanging information concerning the permitting and inspection of entities located in this jurisdiction and those located outside this State.

_____ _____

Designated Representative Signature Date