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

Non-Dispensing Drug Outlet Permit Application

For Board Use Only	
Date Paid	
Amount Paid	
Check #	
Referred to Inspector	
Inspected By	

This permit authorizes a facility to store and administer legend drugs. Facilities requiring a Non-Dispensing Drug Outlet Permit include, but are not limited to: clinics, wholesalers, manufacturers, and distributors. A Non-Dispensing Drug Outlet Permit requires a **consultant pharmacist**, unless the facility is engaged in manufacturing, wholesaling or distributing. Your completed application along with the non-refundable **$280 permit fee** must be received in the Board office at least forty-five (45) days before the required permit is needed. All facilities will be inspected before a permit is issued.

☐ New Permit
☐ Change to Existing Permit (Permit #_____)
  ☐ Change of Ownership **(include organizational chart before and after change)**
  ☐ Change of Name
  ☐ Change of Location (From one city to another)

FEIN#_____ (Federal Tax ID number)

Name of Facility:_____

Street Address:_____

City:_____ County:_____ Zipcode:_____

Name of Corporation:_____

Mailing Address:_____

Expected Opening Date_____ Days & Hours Open_____

Phone Number_____ Fax Number_____

Name and Title of Owners or Corporate Officers:

_____

_____

_____

Check One:

☐ Wholesale/Distributor
☐ Manufacturer
☐ Detention Center
☐ Pharmacy Tech Program
☐ Other (specify)_____
☐ Repackager
☐ Clinic
☐ Reverse Distributor
☐ Industrial Health

Please describe the activity, product, and service that requires this type of permit. (Attach a separate sheet if necessary.)

_____

_____

Revised 7/2019

Name of Responsible Person designated as Permit Holder: _____

Contact Phone #_____Email address of Permit Holder_____

_____

Consultant Pharmacist (if applicable):_____

Pharmacist License Number_____Phone Number_____

Consultant Pharmacist email_____

_____

Has any license or permit held by the applicant, permit holder, Consultant Pharmacist, or by any owner or corporate officer, ever been disciplined, denied, refused or revoked for violations of any pharmacy laws or drug laws in South Carolina or any other state? ☐ YES* ☐ NO

*If yes, attach a full written explanation and attach copies of applicable court documentation.

If this new application is based on a change to an existing permit, list the former permit number, former name, ownership and/or location:

_____

I hereby certify that the facility for which this permit is sought will be conducted in full compliance with the statutory laws of this State pertaining to pharmacy and that the drug outlet will be under the supervision of a licensed pharmacist as required by law.

_____ _____

Signature of Permit Holder Date

_____ _____

Signature of Consultant Pharmacist Date

Please send completed application and non-refundable fee payable to S.C. Board of Pharmacy

Mailing address: **PO Box 11927**
Columbia SC 29211-1927

Overnight/physical address: **110 Centerview Drive, Suite 201**
Columbia, SC 29210