



NON-RESIDENT RELOCATION APPLICATION (WITHIN THE SAME CITY)

Submit the following with your application to the above address:

- Relocation application fee in the form of a check or money order in the amount of \$70. Must be received in the Board office prior to relocation. (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.)
- A copy of the updated resident license/permit reflecting new address.

FOR BOARD USE ONLY	
Date Paid	
Amount Paid	
Check No.	

- | | |
|---------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Non-Resident Pharmacy | <input type="checkbox"/> Non-Resident Non-Dispensing Pharmacy |
| <input type="checkbox"/> Non-Resident Wholesale/Distributor and/or Manufacturer | <input type="checkbox"/> Non-Resident Third Party Logistics Provider |
| <input type="checkbox"/> Non-Resident Medical Gases/Legend Devices | <input type="checkbox"/> Non-Resident Outsourcing Facility |

S.C. Permit No.: _____

Name of Facility as shown on permit: _____

Current Location of Facility Address: _____
 _____ Street

 City State Zip

New Location of Facility Address: _____
 _____ Street

 City State Zip

Expected Date of Relocation: _____ Current Phone No.: _____

If phone number will change after relocation, give new No.: _____

Will type of operation change after relocation? No Yes If yes, please describe new operation: _____

Will a new license/permit no. be issued by your home state licensing board? Yes No

 Signature of Permit Holder

 Date

 Print Name of Permit Holder

 Email