

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

RESIDENT RELOCATION (WITHIN THE SAME CITY-INSTATE)

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, or an amount specified by law, **may** be assessed on all returned funds.)

FOR BOARD USE ONLY			
Date Paid			
Amount Paid			
Check No.			
Inspector			

An onsite inspection will take place after the relocation.

A new permit number	will not be issued; however, you w	ill receiv	re an updated permit reflecting the new a	address.	
☐ Pharmacy	☐ Non-dispensing Drug Outle	et \square M	ledical Gases/Legend Devices		
☐ FQHC Drug Outlet	☐ EMS non-dispensing (non	ı-profit-f	ee not required)		
Permit No.:	Name of Facility:				
Current Location of Fa	acility Address:				
		Str	eet		
City	S		Zip		
New Location of Facil	ity Address:				
	Street				
City	State		Zip		
Phone No. (include an	rea code):		-		
Will type of operation	change after relocation? ☐ No	□ Yes	If yes, describe new operation:		
Expected Date of Relo	cation:				
Signature of Permit Ho	older	-	Date		
Print Name of Permit I	 Holder		Fmail Address of Permit Holder		