



2024-2025 NON-RESIDENT WHOLESALE DISTRIBUTOR PERMIT RENEWAL

Renewal Requirements and Instructions:

FOR BOARD USE ONLY	
Date Paid	
Check No.	
Amount Paid	

- Submit this permit renewal directly to the Board by going to: <https://eservice.llr.sc.gov/DocumentSubmission/>. You will pay the renewal fee through this document submission process via debit/credit card or electronic check.
 If mailing the paper application, 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 before 6/1/2024: **\$700**
 Postmarked on or after 6/1/2024: Late Fee \$50 + Renewal Fee \$700 = **\$750**
- Beginning July 1, 2024, lapsed permits will be assessed fees of \$10/day until the permit is reinstated.
- Submit a copy of the facility’s most recent inspection report via [document submission](#).
- Permits not renewed by June 30, 2024, are lapsed and may not operate. 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. 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.
- If there has been a 50% or more change in ownership, legal name change or relocation of the facility, contact the Board before renewing the permit.

FACILITY INFORMATION

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

SC DHEC/Control Substance Registration No. (if applicable): _____

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

NABP e-Profile ID (If applicable): _____

Legal Name of Facility: _____

DBA Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____

Name of Designated Representative: _____ Phone No.: _____

Email for Designated Representative: _____

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

Facility Name: _____

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

Entity Type:

Check the facility’s most applicable entity type:

- Repackager Own-Label Distributor Private-Label Distributor
- Broker/Jobber Warehouse Independent Wholesale Drug Trader
- Wholesale/Distributor Virtual Wholesale/Distributor Broker
- Retail Pharmacy that conducts wholesale distributions Other: _____

Has there been a change in ownership of 50% or more since last renewal that has not been reported to the Board?

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

- 1. Since your last renewal, has any license or permit you hold been disciplined? Yes No

If Yes, provide a copy of the disciplinary action.

- 2. Is your facility accredited by NABP Drug Accreditation program? Yes No

If Yes, Expiration Date: _____

- 3. Are you reporting to the FDA? Yes No

- 4. Does your facility distribute or store controlled substances? Yes No

ATTESTATION

I certify that I have read and approved the foregoing, and the statements are true and correct; that I will comply with the requirements for the facility as contained in the South Carolina Pharmacy Practice Act and Regulations Promulgated thereunder. I understand I am responsible for abiding by the statutes and regulations governing my role as the facility’s permit holder.

Permit Holder Signature

Date

Print Name of Permit Holder

Permit Holder Title

Email Address of Permit Holder

Phone Number

PRIVACY NOTICE

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical purposes.