



## 2021-2022 RENEWAL NON-DISPENSING DRUG OUTLET PERMIT

### Renewal Instructions/Requirements:

- 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 6/1/2021: **\$140**  
 Postmarked on or after 6/1/2021: Late Fee \$50 + Renewal Fee \$140 = **\$190**
- Beginning July 1, 2021, lapsed permits will be assessed fees of \$10/day until the permit is reinstated.
- Permits not renewed by June 30, 2021, are lapsed and may not operate. A permit holder who allows a site to operate with a lapsed permit is in violation of Section 40-43-83 and may result in disciplinary action.
- If there has been a 50% or more change in ownership, contact the Board before renewing the permit.
- Information from this renewal may be shared.

| FOR BOARD USE ONLY  |  |
|---------------------|--|
| Check No.           |  |
| Amount Paid         |  |
| Date Processed      |  |
| Returned Incomplete |  |

### FACILITY INFORMATION

Permit No.: \_\_\_\_\_ Federal Tax ID No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Hours of Operation:

Sun: \_\_\_\_\_ Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_

### Select the type(s) of activity taking place at this site:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Manufacturer             | <input type="checkbox"/> Wholesale Distributor          | <input type="checkbox"/> Storing Legend Drugs       |
| <input type="checkbox"/> Distributing Oxygen      | <input type="checkbox"/> Third Party Logistics          | <input type="checkbox"/> Administering Legend Drugs |
| <input type="checkbox"/> 503 Outsourcing Facility | <input type="checkbox"/> Distributing Legend ME Devices | <input type="checkbox"/> Dispensing Samples Only    |
| <input type="checkbox"/> Other: _____             |   |   |

Does your facility distribute, store or manufacture controlled substances?  Yes  No

### WHOLESALE / DISTRIBUTORS / MANUFACTURERS / 3PL / 503B

Does your facility hold licenses/permits in any other states?  Yes  No

If Yes, have any of the out-of-state licenses been disciplined?  Yes  No

If Yes, submit copies of disciplinary action any other applicable documentation.

Provide the state and license/permit number of all out-of-state licensure:

|  |  |
|--|--|
| State: _____ License/Permit No.: _____ | State: _____ License/Permit No.: _____ |
| State: _____ License/Permit No.: _____ | State: _____ License/Permit No.: _____ |
| State: _____ License/Permit No.: _____ | State: _____ License/Permit No.: _____ |
| State: _____ License/Permit No.: _____ | State: _____ License/Permit No.: _____ |
| State: _____ License/Permit No.: _____ | State: _____ License/Permit No.: _____ |

**Permit Holder** (Responsible person designated as Permit Holder):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Regulation 99-43 requires that all Non-Dispensing Drug Outlets have a Consultant Pharmacist unless the facility is engaged in manufacturing, wholesaling, or distributing only; or is an Emergency Medical Service licensed by DHEC using a Consultant Pharmacist or Medical Director.

Does your facility ONLY engage in manufacturing, wholesaling or distributing?  Yes  No

**Consulting Pharmacist** (If applicable):

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**ATTESTATION**

I hereby certify that the drug outlet for which this permit renewal is sought will be conducted in full compliance with the statutory laws of South Carolina pertaining to pharmacy and that the drug outlet will be under the supervision of a Consultant Pharmacist if required by the South Carolina Pharmacy Practice Act and Regulations promulgated thereunder. I understand that the location for which this permit is issued is subject to inspection by the Board of Pharmacy.

\_\_\_\_\_  
Permit Holder Signature Title Date

**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.