

If Applicant Facility is a Corporation/LLC - Form MN-3PL-003

Attach a copy of the company organizational chart and articles of incorporation papers.

Instructions: Complete each section, if a section does not apply, put N/A in the space available. If the space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s), each statement is subject to verification. All applicants are advised that this record is an official document and misrepresentation or failure to reveal information requested may be deemed to be enough cause for the refusal or revocation of a license for the facility named in this application.

Business Structure of the Applicant Business

Check as many as apply

Limited Liability Company

Corporation

Publicly Traded

DBA Name of Facility (as listed on the application)			Applicant Corporation or LLC (Owner/Parent)			Phone Number
Address of Facility (must match application)			Mailing Address			
City	State	Zip	City	State	Zip	

Individual Completing Application

Person authorized to speak on behalf of the owner concerning this application

Name	Phone	Street Address	City	State	Zip	Email
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Read each statement carefully, following the instructions below.

- If the statement is true, review and attest to each statement below by marking YES.
- If the statement is not true, mark NO and provide a detailed explanation on a separate document referencing the statement.

On behalf of the Corporation, S Corporation, or a Limited Liability Company (LLC):

- Yes No Has the applicant facility previously applied for a license to operate a 3PL facility in this state?
- Yes No Has the applicant facility applied for a license to operate a 3PL facility in any other state?
- Yes No If yes above, was the application denied by the Board of Pharmacy or appropriate licensing agency? **If yes, attach a separate document with an explanation.**
- Yes No If a license was granted, was it later suspended, revoked, or placed on probation?
- Yes No In connection with any violations, did the licensing agency issue any warning or reprimands?
If yes, attach a separate document indicating nature of violation, an explanation of why it happened, and a copy of the written findings/warning(s)/reprimand(s).

List the state of incorporation: _____ List the number of common or voting stock issued: _____

Minnesota Board of Pharmacy

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