

Change of Ownership for Third Party Logistics Providers

This form is to be completed by the entity or entity's representative that owns the third party logistics provider. The information provided below is for the parent company of the corporation or LLC that owns the facility. Do not provide ownership information at the grandparent level and above.

Fee: \$300

Instructions

Please read the following instructions thoroughly before submitting your application. Licenses and registrations granted by the Board of Pharmacy are not transferable. When a change of ownership occurs, a new application must be submitted to the Board. For a resident facility, the application should be submitted prior to the effective date of change. For a non-resident facility, it is recommended the new application and supporting documentation be submitted no later than 30 days after the change has occurred. Upon approval of the application, a new license will be issued.

All application payments are non-refundable.

Generally, a change of ownership takes place when a business structure changes (ie. sole proprietorship (individual), general partnership, corporation, LLC, LP, LLP, PA, etc.); if one or more partners are added or deleted to the license; or when 20% or more of the issued voting stock of a corporation, since the initial issuance date of the license, changes ownership.

Checklist for all Applicants

Your application is not reviewed until all required items are received. Applicants will receive notice of missing data or documents. Applications are considered withdrawn if missing items are not submitted to complete an application within 12 months of the date initially received by the Board.

All applicants are required to complete and submit the following:

- ✓ **Application.** Complete the application in its entirety and submit it with original signatures and all documents. Do not leave blanks. If an item or question is not applicable, indicate N/A.
- ✓ **Ownership Information.** Include Incorporation Paperwork, Partnership Agreement papers and/or Organizational Agreement papers.
- ✓ **Organizational Chart.** An ownership organizational chart that clearly documents the ownership structure. Include percentages owned by all parties.
- ✓ **List of Officers.** The officers must be identified by name, title and percentage owned.
- ✓ **List of all Shareholders.** Include the shareholder's name, title, address, city, state, and zip code along with their ownership percentage.
- ✓ **If you are self-insured and reside in the State of Minnesota,** attach a copy of the Certificate of Exemption from the Insurance Commissioner.

Non-resident facilities must also submit the following documents with their application.

- ✓ **Current Home State License.** A copy of the facility's current license/registration from the state in which the facility is located. If the home state does not require the facility to be licensed, include a letter from the state stating such.

Note: If your home state issues a NEW license number as a result of a change of ownership, you will need to notify the Minnesota Board of Pharmacy of this requirement and indicate in your submission that you will send the home state license once issued.

Minnesota Board of Pharmacy

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Each item on this application must be answered fully, truthfully, and accurately by the applicant. Fraud or deception in securing a license is a misdemeanor and cause for revocation or suspension of a license. All items must be completed.

Complete the Information Below for the Applicant

Name of Facility as it Appears on the Home State License	Current MN License #	MN Tax ID	Federal Tax ID	Effective Date of Change
Physical Address	City	State	Zip	Email Address

Individual Completing Application

Must be authorized to discuss application materials.

Name	Title	Name	Title
Phone	Email	Phone	Email

Ownership Contact Information

Person authorized to speak on behalf of the owner.

Current Ownership Information

Owner (Legal Name)	LLC	S Corporation	Limited Partnership	Publicly Traded
	Corporation	Partnership	Proprietorship	
Address	City	State	Zip	Email Address
				Phone Number

New Ownership Information

Owner (Legal Name)	LLC	S Corporation	Limited Partnership	Publicly Traded
	Corporation	Partnership	Proprietorship	
Address	City	State	Zip	Email Address
				Phone Number
State of Incorporation	Percentage of shares/ownership acquired			

Check this box if you are a non-resident facility and your home state will issue a NEW license number as a result of a change of ownership. By checking this box, you are notifying the Minnesota Board of Pharmacy of this requirement and you will send the home state license once issued.

Read each statement carefully, following the instructions below.

- Answer the questions on the next page with the correct ownership type, i.e., if the facility is an LLC, answer only the questions below the, "On behalf of the corporation..."
- If the statement is true, review and attest to each statement below by marking YES or NO.
- If you answer YES to any of the questions that require additional explanation, provide a detailed explanation on a separate document.

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

Yes No

Has the applicant facility previously applied for a license to operate a facility in Minnesota?

Has the applicant facility applied for a license to operate a facility in any other state?

If yes above, was the application denied by the Board of Pharmacy or appropriate licensing agency?

If the application was denied, attach a separate document with an explanation.

If a license was granted, was it later suspended, revoked, or placed on probation?

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).

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On Behalf of a Partnership or Sole Proprietor, has the Individual(s)

Yes No

Been convicted of a felony in any court?

If yes, provide all related documentation and/or an explanation on a separate sheet.

Habitually indulged in the illegal use of narcotics, stimulants, or depressant drugs; or habitually indulged in intoxicating liquors in the manner which could cause incompetence in the operation of the facility?

If yes, attach a separate document with an explanation.

Been convicted of theft of drugs or the unauthorized use, possession, or sale thereof?

If yes, attach a separate document with an explanation.

Previously applied for a license to operate a facility in Minnesota?

Applied for a license to operate a facility in any other state?

If yes to the above, was the application denied by the Board of Pharmacy or appropriate licensing agency?

If yes, attach a separate document with an explanation.

If a license was granted, was it later suspended, revoked, or placed on probation?

In connection with any violations, did the licensing agency issue any warning or reprimands?

If yes, attach a separate document indicating nature of violation and an explanation of why it happened.

The data you supply on this form will be used to assess your qualifications for licensure. You are not legally required to provide this data, but we will not be able to grant the license without it. This data will constitute a public record, when the licensure is granted, and, at that time, copies may be issued to anyone.

Acknowledgment

I have read the above statement and I agree to supply the data on this form with full knowledge of the information provided in that statement. In addition, I, the undersigned, do hereby certify that all the information above is true and correct and that the firm will be operated in compliance with all applicable laws and regulations.

Signature of Owner, Partner, Managing Officer, or Authorized Individual

Date

Type or Print Full Name

Title