

License Closure Notification – In-State and Out of State Facilities

Wholesalers, Manufacturers, Medical Gas Distributors

This form should be submitted to the Board of Pharmacy at least **14 days prior** to the date the facility closes and/or ceases operation in the state of Minnesota. For comprehensive information on the reporting requirements for closing a pharmacy, see MN Rule 6800.1010.

Return license to the Board of Pharmacy on the closing date, noting the date of closure on the license.

Closing License Information

Current Facility Name/DBA Name as listed on the License		Reason for Closure			Closing Date	MN License Number
Street Address			City	State	Zip	Phone Number

Contact Information at the Facility

Contact Name	Phone Number	Fax Number	Email Address
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I certify that this facility is closing permanently or ceasing operations in the state of Minnesota and the license is therefore surrendered to the Minnesota board of Pharmacy. I recognize that the facility cannot operate in Minnesota past the date listed above.

Signature of Owner, CEO, or President

Print Name

Date

Additional Information (Optional)

Download this form, then use the "Submit" button below to email to the Board of Pharmacy.
This document must be submitted with all requested supporting documents.

Minnesota Board of Pharmacy

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Fax: (651) 215-0951 | E-mail: pharmacy.board@state.mn.us