

## Name Change Notification Application

### *For Resident and Non-Resident Facilities, including Pharmacies*

Name changes must be submitted **30 days prior** to the change. Non-resident facilities must include the license issued by the home state regulatory agency showing the new facility name with their submission. There is no fee for a name change. If the applicant wishes to have a new license card, a duplicate license fee is charged. All fees are non-refundable.

Do not submit this form if there has been any change in ownership at either the licensee or parent level, a transfer of assets or a business re-structure that has resulted in the name change. If this is the case, pharmacies must complete an application for a new license, and facilities must complete a change of ownership form.

### Checklist

**Your application will not be reviewed until all required documentation is received.**

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.
- Copy of Home State License - NON-RESIDENT ONLY.** Include the license issued by the home state regulatory agency showing the new facility name with their submission.
- Ownership forms and supporting documents.** Submit the following forms to provide information about the applicant licensee's ownership.
  - Organizational Chart.** Provide an organizational chart that shows the multi-levels of ownership and the percentage owned. Individual shareholders, partners, members, or parent entity of applicant licensee must be disclosed in full.
  - Minnesota Secretary of State – RESIDENTS ONLY.** Submit a current Certificate of Good Standing from the Minnesota Secretary of State. For resident pharmacies operating under an Assumed Name, also submit a Certificate of Assumed Name Registration.

**Mail the completed form, documents, and payment (if a new card is requested) to:**

Minnesota Board of Pharmacy  
335 Randolph Ave, Suite 230  
Saint Paul, MN 55102

Make check payable to the **Minnesota Board of Pharmacy**. Payments are non-refundable.

Each item on this form 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.

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Check box to request a duplicate card with your name change. Send this form and all required documents with a \$20.00 fee.

Current MN License #	MN Tax ID (if applicable)	FDA # (if applicable)	Federal Tax ID	Effective Date
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Current Facility Name as listed on the License		NEW Facility Name to Appear on the License		
If Facility Name is a DBA, Legal Name of Facility		If Facility Name is a DBA, Legal Name of Facility		
Current Street Address	City	State	Zip Code	

### Individual Completing Application

Must be authorized to discuss application materials.

### Ownership Contact Information

Person authorized to speak on behalf of the owner.

Name		Title	Name		Title
Phone	Email		Phone	Email	

### Current Ownership Information

Owner (Legal Name)			<input type="checkbox"/> LLC <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Publicly Traded		
Address	City	State	Zip	Email Address	Phone Number

### Acknowledgment

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

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Full Name Above

\_\_\_\_\_  
Title

## Minnesota Board of Pharmacy

335 Randolph Ave, Suite 230 | Saint Paul, MN 55102

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