

## 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 and use the submit button below to e-mail to the Board of Pharmacy.  
This document must be submitted with all requested supporting documents.**