MINNESOTA
BOARD OF PHARMACY

License Closure Notification – Out of State Pharmacies

For Out of State Pharmacies with a Minnesota License

This form should be submitted to the Board of Pharmacy at least **14 days prior** to the date the pharmacy will close and/or will no longer operate or conduct business in the state of Minnesota. For comprehensive information on the reporting requirements for closing a pharmacy out of state, see MN Rule 6800.1010.

In addition to completing the form, the pharmacist-in-charge is required to:

- √ Indicate on the form where the prescription records from Minnesota residents will be transferred to. Only the previous two years of records must be considered.
- √ In the case of patients who are residents of long-term care facilities, the pharmacy shall provide a written notice to the patients, the caregivers of the patients, or the long-term care facilities in which the patients reside at least 30 days prior to the date on which the pharmacy will be closed.

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

Closing Pharmacy License Information

Current Name/DBA Name as listed on the License	Reason for Closure or Ceasing Operations in Minnesota		Closing Date	MN License Number
Street Address	**City**	**State**	**Zip**	**Phone Number**

If there are prescription records of Minnesota residents, fill out the information of the pharmacy where the records will be transferred.

Name of Location Transferred to	License #	Address	City	State	Zip	Phone Number

Pharmacist-In-Charge Information

Name	License Number	Phone Number	Email Address

I certify that this pharmacy 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 pharmacy cannot operate in Minnesota past the date listed above.

_____ _____

Signature of Pharmacist-in-charge Date

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.

Submit Form

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