

If Applicant Facility is Owned by a Partnership or Sole Proprietor - Form MN-3PL-002

Attach a copy of the company's organizational chart.

Instructions: Complete each section, if a section does not apply, put N/A in the space available. If the space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s), each statement is subject to verification. All applicants are advised that this record is an official document and misrepresentation or failure to reveal information requested may be deemed to be enough cause for the refusal or revocation of a license for the facility named in this application.

Business Structure of the Applicant Business

Sole Proprietor

Partnership

DBA Name Facility (as listed on the application)			Name of Partnership/Sole Proprietor			Phone
Mailing Address of Facility (must match application)			Mailing Address			
City	State	Zip	City	State	Zip	

Individual Completing Application

Person authorized to speak on behalf of the owner concerning this application

Name	Phone	Street Address	City	State	Zip	Email
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Read each statement carefully, following the instructions below

- 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 referencing the statement.

Have any of the individuals identified as a partner or sole proprietor:

- Yes No Been convicted of a felony in any court? **If yes, provide all related documentation or an explanation on a separate sheet.**
- Yes No 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 sheet explaining.**
- Yes No Been convicted of theft of drugs or the unauthorized use, possession, or sale thereof? **If yes, attached a separate document explaining.**
- Yes No Previously applied for a license to operate a 3PL facility in this state?
- Yes No Applied for a license to operate a 3PL facility in any other state?
- Yes No If yes above, was the application denied by the Board of Pharmacy or appropriate licensing agency? **If yes, attach a separate document with an explanation.**
- Yes No If a license was granted, was it later suspended, revoked, or placed on probation?
- Yes No 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.**

List All Partners or Sole Proprietor – Attach Additional Sheet if Necessary

Provide the name(s) of each owner or partner who is a natural person/owner of the applicant facility. Each person identified shall be authorized to act for and bind the applicant business.

Legal Name	Address, City, State, Zip Code	Phone Number	% Owned

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, if and when the licensure is granted, and, at that time, copies may be issued to anyone.

Acknowledgement

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 of 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 Above

Title