Name Change Notification Form MN-FAC-003

For Resident and Non-Resident Facilities and Pharmacies

Name changes must be submitted **30 days prior** to the change along with MN-FAC-002, Officer Form. 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.

Mail the completed form, documents, and payment (if a new card is requested): Minnesota Board of Pharmacy, 2829 University Ave SE, Suite #530, Minneapolis, MN 55414-3251. 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.

Name Change Notification Form

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

Current MN License #	MN Tax ID	FDA #	Federal Tax ID	Effective Date

Current Facility Name/DBA Name as listed on the License			NEW Facility Name/DBA Name			
Current Street Address			Address/Location			
City	State	Zip	City	State	Zip	Phone

Individual Completing Application

Must be authorized to discuss application materials.

Name	Title
Phone	Email

Ownership Contact Information

Person authorized to speak on behalf of the owner.

Name	Title
Phone	Email

Current Ownership Information

Owner (Legal Name)			LLC	S Corporation	Limited Partnership
			Corporation	Proprietorship	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 laws and regulations.

______________________________ ____________________

Signature of Applicant Date

______________________________ ____________________

Type or Print Full Name Above Title