

**Texas State Board of Pharmacy License Application Instructions
Free Standing Emergency Medical Care Center Pharmacy (Class F)**

- **Submit this checklist as a cover sheet and include each and every item listed below.** Documents submitted with a separate or similar application previously will not be retrieved for completion of this application. **Official review does not begin until all required items are received.**
- Applicants will be notified of any items missing from the application within **4 to 6 weeks**. Allow a **minimum** of 90 days from the time your application packet is complete (all missing items received), for review and final license issuance.
- Applications are considered withdrawn if missing items are not submitted to complete an application within a year of the date initially received at TSBP.
- **NOTICE: the application will be cancelled and a new application packet, including application fee, must be submitted, if a change in officer, owner, or location occurs while the application is under review by TSBP.**

1. **Pharmacy License Application – Submit Form [LIC-Class F](#)**
The name of the pharmacy in Box 1 of this form should match the name on the prescription label.
2. **Ownership Information:**
- If owned by Partnership or Individual – Submit Form [LIC-006](#); or
 - If owned by Corporation or Limited Liability Company – Submit Form [LIC-007](#) and attach the following documents:
 - Articles of Incorporation (for Corporation); or Articles of Organization (for LLC) or Certificate of Formation.
 - Current Texas Franchise Tax Status. (If the Corp/LLC is registered w/TX Secretary of State)
 - If owned by Government – Submit Form [LIC-008](#).
 - If a closely-held corporation, a list of all owners.
 - If a publicly-held corporation, a copy of the corporation’s 10K Filing with the Security and Exchange Commission.
3. **Managing Officer – Submit Form [LIC-021](#)** which provides “background” information and must be submitted by each of the top four Managing Officers. Attach a copy of a current driver’s license or state issued identification card and a copy of the social security card for each individual owner(s), managing officer(s) or partners that are not a Texas licensed pharmacist.
4. **Lease Agreement/Property Ownership** - Attach a copy of lease agreement between the owner of the pharmacy and the owner of the building in which the pharmacy is located. The pharmacy address listed on the lease agreement must match the pharmacy address listed on all required forms. The tenant listed on the lease agreement must match the name of the pharmacy owner listed on all required forms. If you are subleasing the space, submit a copy of the sublease agreement along with the master lease agreement.
5. **New Pharmacy Checklist – Submit Form [LIC-018](#)** lists the minimum infrastructure requirements needed to apply for a new pharmacy license and must be submitted with a New Pharmacy Application.
6. **Credit Worthiness Document:** Provide a letter from a primary wholesaler with proof of credit worthiness.

SUBMIT THIS CHECKLIST AS A COVER SHEET WITH ALL ITEMS LISTED – KEEP COPIES FOR YOUR RECORDS