



# TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Ste. 3-600 ★ Box 21 ★ Austin, Texas 78701-3942  
512-305-8021 ★ www.tsbp.state.tx.us

## NOTARIZED STATEMENT OF PROPERTY OWNERSHIP

Complete this form only if the pharmacy owner owns the property where the pharmacy will be located.

The undersigned do hereby certify that the real property, located at:

\_\_\_\_\_  
STREET CITY ZIP

is duly owned by \_\_\_\_\_ for the purpose of operating a pharmacy which  
NAME OF PHARMACY OWNER

will operate as \_\_\_\_\_  
NAME OF PHARMACY

\_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_  
Known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that they executed the same for  
the purpose and consideration therein expressed.

Given under my hand and seal of this office this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_