



TEXAS PHARMACY LICENSE APPLICATION Minimum Infrastructure Attestation

Submit this form only once the pharmacy has completed all the items listed below.

PHARMACY NAME AND PHYSICAL ADDRESS

(Include Suite Number if applicable)

I attest that the above pharmacy has the minimum infrastructure requirements as indicated below:

- ☐ A building with space adequate for the size and scope of the pharmaceutical services provided by the pharmacy
- ☐ An area dedicated for the prescription department, including an area suitable for confidential patient counseling if the pharmacy serves the general public
- ☐ Water Supply exists
- ☐ Electrical Supply exists
- ☐ Fixtures (i.e. shelving, countertops, etc.) for storage of drugs, equipment, and supplies necessary to operate the pharmacy have been ordered.

Does the prospective pharmacy owner currently have ownership interest in any other pharmacy licensed in Texas?

☐ YES

☐ No

If yes, provide the name, address, and license number of the pharmacy(s):

Signature of Owner/Managing Officer

Date Signed