

**NON-RESIDENT PHARMACY (CLASS E)  
LICENSE APPLICATION INSTRUCTIONS**

- 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. Official review does not begin until all required items are received.
- Applications are considered withdrawn if missing items are not submitted to complete an application within one year of the original application submission date.
- **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 E](#)**

**The Pharmacist-in-Charge MUST have a Texas pharmacist license.**

Class E applicants must be able to attest to the following statements on the application.

This pharmacy does not:

1. engage in compounding sterile preparations in the state of residence;
2. dispense, distribute, deliver or ship sterile compounded preparations to residents in Texas or any other state;
3. dispense, distribute, deliver or ship sterile compounded preparations to practitioners in Texas or any other state; or
4. obtain sterile compounded preparations from a separate pharmacy, whether there is an affiliation or not, and use the sterile compounded preparations to fulfill a prescription drug order for a Texas resident, or to fulfil a purchase order or initiative from a Texas practitioner for sterile compounded preparations to be used as office drug supplies by the practitioner for administration to the practitioner's patients.

*If any of the above statements are not true, then a Non-Resident Sterile Compounding (Class E-S) Pharmacy License application is required.*

**2. Ownership Information:**

- **Partnership or individual – Submit Form [LIC-006](#); or**
- **Corporation or Limited Liability Company – Submit Form [LIC-007](#) with the following attachments:**
  - Certificate of Authority (Business Located Out-Of-State) issued by the state in which the corporation is located that indicates that the corporation or LLC is in good standing and authorized to do business in the resident state.
  - Articles of Incorporation (for Corporation) or Articles of Organization (for LLC)
  - Current Texas Franchise Tax Status. (If the Corp/LLC is registered w/TX Secretary of State)
- **Government owned – 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 Form(s) – Submit Form [LIC-021](#) which provides information and questions regarding the “background” to be submitted by each of the top four Managing Officers. For each individual owner(s), managing officer(s) or partners that are not a Texas licensed pharmacist, attach copies of the following:**

- Government-issued photo ID**
- Proof of SSN (copy of social security card or W2 form)**

**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. Inspection Report- Attach a copy of the most recent pharmacy inspection report dated no more than two years prior to the date of this application. The inspection must have been conducted by the regulatory or licensing agency of the resident state after the pharmacy was in operation for a minimum of 30 days.**

**6. License Verification- Written verification from the resident Board of Pharmacy which verifies the license of the Pharmacist-in-Charge and the pharmacy. A copy of the license will NOT fulfill this requirement.**

**7. Credit Worthiness Document- Provide a letter from a primary wholesaler with proof of credit worthiness.**

**8. Description of Services- Attach a written description of services that the pharmacy plans on offering Texas residents upon licensure.**

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