



Important Information regarding Non-Resident (Class E) Pharmacies

Read all the below information thoroughly before applying for a Non-Resident or Out-Of-State (Class E) Pharmacy License.

Operational Requirements:

Class E (Non-Resident) Pharmacy Applicants MUST be able to attest to ALL of 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 to any other state;
3. Dispense, distribute, deliver, or ship sterile compounded preparations to practitioners in Texas or to 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 fulfill 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 the applicant must submit a Non-Resident Pharmacy Engaged in Compounding Sterile Preparations (Class E-S) Pharmacy Application.

Pharmacist-in-Charge Requirements:

[Per Rule 291.103](#), A Class E pharmacy must designate a Pharmacist to service as the Pharmacist-in-Charge for the pharmacy. This pharmacist must be licensed to practice pharmacy by the regulatory or licensing agency in the resident state **AND** must be licensed as a pharmacist in Texas.

Applications without a Texas licensed Pharmacist-in-Charge listed will be considered incomplete and not reviewed.



TEXAS PHARMACY LICENSE APPLICATION CHECKLIST

Documents Required to Apply for a Non-Resident (Class E) License

Instructions: Please use this page as both a checklist to ensure all documents are submitted and a coversheet for your pharmacy application. If an item is not applicable, put N/A in the space provided. Detailed instructions are provided on the following pages. Failure to submit the required documentation will result in a delay of licensure. **KEEP COPIES OF ALL ITEMS FOR YOUR OWN RECORDS.**

NOTICE: According to Texas Occupations Code § 565.0551, the Executive Director of the Texas State Board of Pharmacy may require a license holder to submit a surety bond to the board.

- The Non-Resident (Class E) Pharmacy Information Form (LIC-Class E)
- Check or Money Order for the Application Fee made payable to Texas State Board of Pharmacy. Fee calculation is provided in Box 1 on the Pharmacy Information Form.
- Ownership Information
 - _____ Ownership Information Form (LIC-004)
 - _____ Verification of the Owner’s FEIN from the IRS
 - _____ Certificate of Formation/Application of Registration from Texas Secretary of State
 - _____ For Foreign Entities ONLY: Formation Documents from Jurisdiction of Formation
 - _____ Verification of Franchise Tax Account Status from Texas Comptroller
- Sworn Disclosure Statement (LIC-005) or submit one of the following:
 - ___ Page 1 of the company’s 10-K SEC Filing
 - ___ Statement for Wholly Owned Retail Grocery Store Chain
- Managing Officer Forms for each officer (LIC-021) (attach a separate page if listing more than four officers).

Name of Officer	Name of Officer	Name of Officer	Name of Officer
<input type="checkbox"/> Copy of Photo ID	<input type="checkbox"/> Copy of Photo ID	<input type="checkbox"/> Copy of Photo ID	<input type="checkbox"/> Copy of Photo ID
<input type="checkbox"/> Verification of SSN	<input type="checkbox"/> Verification of SSN	<input type="checkbox"/> Verification of SSN	<input type="checkbox"/> Verification of SSN
- Lease Agreement or Proof of Property Ownership
- Inspection Report
- Written Letter(s) of License Verification for Pharmacy and Pharmacist-in-Charge
- Description of Services
- Letter of Credit Worthiness Document from a licensed Drug Distributor and/or Manufacturer

NOTE: TSBP may request additional documentation to confirm or substantiate information submitted on the application.

IMPORTANT: If applying for a Change of Ownership, refer to the [Change of Ownership Instructions](#) for the Change of Ownership Checklist and additional items required.



TEXAS PHARMACY LICENSE APPLICATION

Instructions on a Applying for a Non-Resident (Class E) License

Please carefully review and follow all the instructions below and any instructions on supplemental forms. Failure to submit all required documentation will result in a delay of licensure. Documents submitted with a separate or a previous application will NOT meet the requirements for completion of this application, nor will they be retrieved from the previous application to supplement this application.

Questions regarding the application can be directed to the Pharmacy Licensing Specialist either by email to pharmacies@pharmacy.texas.gov or by phone at (512) 305-8021.

Section 1: The Pharmacy Information Form. Submit [Non-Resident \(Class E\) Pharmacy Information Form \(LIC-Class E\)](#) to provide information for the pharmacy.

Important Information:

- ❖ The Name of the Pharmacy Owner is the Legal Name of the Pharmacy. This name should be the name of the direct owner legally responsible for the operation of the pharmacy, and it must match any and all Secretary of State and IRS filings.
- ❖ The Business Name of the Pharmacy is the name to be listed on all pharmacy signage, licenses from other regulatory agencies, advertisements, etc.
- ❖ Ownership Information, Pharmacy Name, and the Pharmacy Address must match the information listed on the Resident Pharmacy License.

Section 2: Ownership Information Forms and Supplemental Documentation. Each applicant must submit the following forms to provide information about the pharmacy owner:

- Ownership Information Form.** Submit the [Ownership Information Form \(LIC-004\)](#) to provide information regarding the owner entity.
- Verification of the Owner's Federal Employer Identification Number (FEIN) as assigned by the IRS.** Provide a copy of the computer-generated notice that was issued by IRS that provides the FEIN for the entity.

All applicants must also submit the next three items under this section, unless the ownership type (i.e., structure) is a Sole Proprietorship, General Partnership, or a Government entity. Ownership Structure is determined by Secretary of State and/or IRS Filings.

- Copy of the Articles of Incorporation or Articles of Organization as filed with Secretary of State.** Provide a copy of the owner entity's formation documents.
 - **Additionally, if the entity is a Foreign Entity** (i.e., the entity was formed in another state than where the pharmacy is operating) provide a copy of the Certificate of Authority indicates the owner entity is in good standing and authorized to transact business in the resident state.
- Verification of an ACTIVE Franchise Tax Account Status from the [Texas Comptroller](#), if entity is also registered with Texas.** Provide documentation from the Texas Comptroller that shows the entity has an ACTIVE Franchise Tax Account Status.
- Organizational Chart:** Provide an organizational chart that shows multi-levels of ownership and relation to the pharmacy.

Section 3: Sworn Disclosure Statement: Each applicant must submit a completed [Sworn Disclosure Statement \(LIC-005\)](#), unless the pharmacy is:

- Operated by a Publicly Traded Company. Alternatively, provide a copy of page 1 of the company's 10-K SEC filing; or
- Wholly Owned by a Retail Grocery Store Chain. Alternatively, provide a written statement attesting to such.



Section 4: Managing Officers Information: Submit an [Officer Form \(LIC-021\)](#) for each Individual Owner, General Partner, Managing Member, Managing Officer*, and/or Administrator to provide information regarding the “background” of the individual. Each officer form must be attached with the following:

- Copy of the Officers’ Photo ID.** Acceptable Photo IDs are: Current Driver’s License, State-Issued Identification Card, or US Passport.
- Verification of the Officers’ Social Security Number** - Submit a copy of the individual’s Social Security Card OR a copy of the individual’s W2 or Paystub, that shows the full SSN and Name of the individual, with all financial information redacted.

*Per Texas Pharmacy Rule 291.1 “Managing Officers are defined as the **top four executive officers**, including the corporate officer in charge of pharmacy operations, who are designated by the partnership or corporation to be jointly responsible for the legal operation of the pharmacy.”

Section 5: Lease Agreement or Proof of Property Ownership: Submit either a Lease Agreement or Proof of Property Ownership, if the pharmacy owner is not leasing the space but owns the premises.

Lease Agreement: If the pharmacy is leasing the space, submit a copy of the ENTIRE Lease Agreement. TSBP will review the lease agreement for the following items:

- ❖ The Tenant on the Lease Agreement must match the Pharmacy Owner
- ❖ The Lease Agreement must provide an address which must match the address on the Application. An amendment or a signed letter from the landlord will be required if the address does not match or is not provided in the lease.
- ❖ If you are subleasing the space or have been “assigned” the space, you must submit a copy of the Master Lease that allows the tenant to sublet or assign the property, or the Landlord must provide their consent on the signed sublease/assignment agreement or by providing a letter of consent

Proof of Property Ownership: If the owner of the pharmacy also owns the premises and is NOT leasing the space, submit either **ONE** of the following for proof of property ownership:

- A Copy of the Deed as filed with the County, or
- Verification of Property Ownership from the County Tax Appraisal District

If the document does NOT list the property address, provide a copy of the building permit, certificate of occupancy, or written verification of the address from the city or county.

Section 6: 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.

Section 7: License Verifications: Submit written verification from the resident Board of Pharmacy that verifies the licenses of the BOTH the Pharmacist-in-Charge and the Pharmacy. Copies of the license will NOT fulfill this requirement.

Section 8: Description of Services: Attach a detailed written description of services that the pharmacy plans to offer Texas Residents upon licensure.

Section 9: Credit Worthiness Document: Submit a letter from the pharmacy’s primary pharmaceutical wholesaler that verifies the pharmacy applicant’s credit worthiness. The letter must come from a licensed wholesaler and it must be for the specific pharmacy and/or for the pharmacy owner.

If applying for a Change of Ownership, refer to the [Change of Ownership Instructions](#) for the additional items required.