



TEXAS PHARMACY LICENSE APPLICATION

Sworn Disclosure Statement

Complete all boxes to qualify for a pharmacy license. If not applicable, indicate with "N/A." All information provided is considered confidential and is not subject to disclosure under Chapter 552, Government Code.

According to the Texas Pharmacy Act, a sworn disclosure statement is *not* required if the pharmacy is:

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

In accordance with Section 1.002 of the Texas Business Organizations Code, person is defined as "an individual or a corporation, partnership, limited liability company, business trust, trust, association, or other organization, estate, government or governmental subdivision or agency, or other legal entity, or a series of a domestic limited liability company or foreign entity."

IMPORTANT: A pharmacy applicant shall notify the board not later than the 60th day after the date of any administrative sanction or criminal penalty is imposed against a person listed below.

Section 1: Provide the name and address of the pharmacy. The information provided below must match Box 2 of the Pharmacy Information Form.

Pharmacy (Facility) Information		
Pharmacy Name:	<i>Doing business as (dba) – Name listed on the prescription labels/signage</i>	
Pharmacy Address:	<i>Street Address (inspectable Location) Suite/Unit #</i>	
Pharmacy Phone: _____	Pharmacy Email: _____	
Pharmacy Fax Number: _____	Web Address: _____	
Direct Owner of Pharmacy		
<i>Direct Owner of Pharmacy (i.e., Corp, Inc, LLC, LP, PA, LTD, etc.)</i>		
<i>Corporate Street Address Mailing Address</i>		<i>Suite/Unit #</i>
<i>City</i>	<i>State</i>	<i>Zip/Postal Code</i>
<i>Corporate Phone Number</i>		<i>Corporate Email Address</i>

Section 2: List the names of each person who has a financial investment in the pharmacy. Provide either the total amount or percentage of the financial amount made by each person listed below. Attach a separate list, if necessary

Full Name of each Person	Total or Percent Invested



Section 3: List the names of each person who is connected to the pharmacy as any of the following: partner, officer, director, managing employee, owner, or person who controls the owner. Attach a separate list, if necessary.

Full Name of each Person	Title / Relation to Pharmacy

Section 4: List the names of each person who acts a controlling person of the pharmacy through the exercise of direct or indirect control over the management of the pharmacy, the expenditure of money by the pharmacy, or a policy of the pharmacy, including: a management company, landlord, marketing company or other similar person who operates or contracts for the operation of a pharmacy. Attach a separate list, if necessary.

Full Name of each Person	Title / Relation to Pharmacy

Section 5: List the names of each individual who has personal, familiar, or other relationship with an owner, manager, landlord, tenant, or provider of a pharmacy that allows the individual to exercise actual control of the pharmacy. Attach a separate list, if necessary.

Name of each Person	Title / Relation to Pharmacy

ATTEST: I hereby attest that the foregoing statements and those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Texas Pharmacy Act. I agree to comply with the Texas Pharmacy Act, Board rules and any applicable federal and state pharmacy law.

THIS SIGNATURE MUST BE NOTARIZED:

Signature of Owner / Managing Officer _____
Date

Owner / Managing Officer's Name (Type or Print)

Subscribed and sworn to before me this _____ *day of* _____, 20

Notary Public