



### Government Entity Ownership Form

Type or print clearly. Complete each and every blank. If not applicable, enter N/A

<b>DBA NAME OF PHARMACY (as listed on license application)</b>			<b>NAME OF GOVERNMENT ENTITY (Entity that owns the pharmacy)</b>		
<b>PHARMACY LOCATION ADDRESS (must match pharmacy application)</b>			<b>MAILING ADDRESS OF GOVERNMENT ENTITY (owner)</b>		
<b>STREET ADDRESS</b>		<b>SUITE/UNIT #</b>	<b>STREET ADDRESS</b>		<b>SUITE/UNIT #</b>
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>DESIGNATED PERSON OF CONTACT FOR PHARMACY</b> <i>(Authorized By Owner/Officer to Discuss Application Materials with TSBP Staff)</i>			<b>DESIGNATED PERSON OF CONTACT FOR GOVERNMENT ENTITY</b>		
<b>FULL NAME</b>		<b>TITLE</b>	<b>FULL NAME</b>		<b>TITLE</b>
Phone: (    ) _____			Phone: (    ) _____		
Email: _____			Email: _____		
<b>FEDERAL EMPLOYER ID NUMBER (FEIN is required see <a href="http://www.IRS.gov">www.IRS.gov</a>):</b>			<b>NAME AND ADDRESS OF MALPRACTICE INSURANCE CARRIER</b> <i>(Required)* *If self-insured, provide a written statement to that fact</i>		
<p><b>NOTE: If the facility is owned by a state, county, or local government, provide this information for the person who signs the application.</b>  <i>* Disclosure of your social security number (or federal employer identification number, if you are a partnership) is mandatory under Tex. Fam. Code Ann. §231.302 (Vernon 1999). The SSN is provided to identify persons relative to enforcement of child support payments.</i></p>					

**ATTEST:** I hereby attest that the foregoing statements or 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 and Rules.

**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