

**APPLICATION FOR LICENSE TO OPERATE A
LONG-TERM CARE AUTOMATED PHARMACY**

Application Fee: \$625.00 (Make check payable to DHHS Licensure Unit)

SECTION A—LICENSE INFORMATION				
Name of Pharmacy:				
Physical Address:	Street/PO/Route:			
	City:	State:	Zip:	
Telephone Number:		Fax Number:		
E-mail Address:				
Anticipated Opening Date:				
Please supply a contact person if we have questions:		Name:		
		Phone:	E-mail:	
Address of Long-Term Care Automated Pharmacy:	Street/PO/Route:			
	City:	State:	Zip:	
Days/Hours Pharmacy Open for Business:				
PIC Information:	Name:	License #:	Expiration date:	
SECTION B — CONTROLLED SUBSTANCES REGISTRATION				
Are controlled substances to be dispensed? <i>If so, a Federal Controlled Substances Registration is required. Please include a copy of your DEA registration.</i>				
<input type="checkbox"/> YES <input type="checkbox"/> NO Registration #				
<i>You may apply for a federal controlled substances registration on-line at www.deadiversion.usdoj.gov</i>				

SECTION D — AFFIDAVIT

I hereby state that I am the person making application, I am of good character, and the statements on this application are true and complete.

If the applicant is a sole proprietorship for the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, the applicant must attest as follows (place a check mark in the appropriate box below):

- I am a citizen of the United States; or
- I am a qualified alien under the Federal Immigration and Nationality Act. I have provided my immigration status and alien number and agree to provide a copy of my United States Citizenship and Immigration Services (USCIS) documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

The application must be signed and dated by (place a check mark in the appropriate box below):

- The owner or owners if the applicant is a sole proprietorship, a partnership, or a limited liability company that has only one member;
- Two of its members if the applicant is a limited liability company that has more than one member;
- Two of its officers if the applicant is a corporation;
- The head of the governmental unit having jurisdiction over the business if the applicant is a governmental unit; or
- If the applicant is not an entity described above, the owner or owners or, if there is no owner, the chief executive officer or comparable official.

_____	_____	_____
(Printed Name & Title of Applicant)	(Signature & Title of Applicant)	(Date)
_____	_____	_____
(Printed Name & Title of Applicant)	(Signature & Title of Applicant)	(Date)

Please Note: All supporting documentation required to complete your application must be submitted within **150 days** from the date your application is received by the Department. If such documentation is not submitted within this time, your application and supporting documentation will be destroyed and a refund will be processed, less the administrative fee of \$25.00.