NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES Division of Public Health Licensure Unit P. O. Box 94986 Lincoln, NE 68509-4986

NEBRASKA PHARMACY PERMIT CLOSING FORM

When a pharmacy changes location or owner, the Pharmacist-In-Charge or current owner must notify the Department within 15 days of closing.

Date of Closing Pharmacy Permit #		Name of Pharmacy Inspector
Address of Pharmacy (Street Address) (City, State, Zip) Name of Pharmacist in Charge:	Date of Closing	Pharmacy Permit #
Name of Pharmacist in Charge:	Name of Pharmacy	
Name of Pharmacist in Charge:	Address of Pharmacy	
Name of Owner:	(Street Address)	(City, State, Zip)
Address of Owner:	Name of Pharmacist in Charge:	
Phone Number of Owner	Name of Owner:	
Phone Number of Owner	Address of Owner:	
Is original Pharmacy Permit enclosed? Yes No Is original Federal Controlled Substances Registration enclosed? Yes No Are all unused DEA Forms 222, 222a, and 222d forms enclosed? Yes No Is this a change in ownership? Yes No If yes, will the new owner be using your DEA Registration until theirs is issued? Yes No New Permit # (if known): Name of Pharmacy Disposition of Stock: Legend drugs: (Store Name)	(Street Address)	(City, State, Zip)
Is original Federal Controlled Substances Registration enclosed? Yes No Are all unused DEA Forms 222, 222a, and 222d forms enclosed? Yes No Is this a change in ownership? Yes No If yes, will the new owner be using your DEA Registration until theirs is issued? Yes No New Permit # (if known): Name of Pharmacy	Phone Number of Owner DE	EA Registration #:
Are all unused DEA Forms 222, 222a, and 222d forms enclosed? Yes No Is this a change in ownership? Yes No If yes, will the new owner be using your DEA Registration until theirs is issued? Yes No New Permit # (if known): Name of Pharmacy	Is original Pharmacy Permit enclosed? Yes	No
Is this a change in ownership? Yes No If yes, will the new owner be using your DEA Registration until theirs is issued? Yes No New Permit # (if known): Name of Pharmacy	Is original Federal Controlled Substances Registration	n enclosed? Yes No
If yes, will the new owner be using your DEA Registration until theirs is issued? Yes No New Permit # (if known): Name of Pharmacy	Are all unused DEA Forms 222, 222a, and 222d form	is enclosed? Yes No
New Permit # (if known): Name of Pharmacy	Is this a change in ownership? Yes No	
Disposition of Stock: Legend drugs: (Store Name) (Street Address) (City, State, Zip) Controlled Substances: (Store Name) (Store Name) (Permit #) (Store Name) (City, State, Zip) Federal Controlled Substances Registration Number of Transferee:	If yes, will the new owner be using your DEA Registra	ation until theirs is issued? Yes No
Legend drugs: (Store Name) (Street Address) (City, State, Zip) Controlled Substances: (Store Name) (Street Address) (Street Address) (City, State, Zip) (Permit #) Federal Controlled Substances Registration Number of Transferee:	New Permit # (if known):Nar	me of Pharmacy
(Street Address) (City, State, Zip) Controlled Substances: (Store Name) (Permit #) (Street Address) (City, State, Zip) Federal Controlled Substances Registration Number of Transferee:	Disposition of Stock:	
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Controlled Substances: (Store Name) (Street Address) (City, State, Zip) Federal Controlled Substances Registration Number of Transferee:	(Street Address)	(City, State, Zip)
(Store Name) (Permit #) (Street Address) (City, State, Zip) Federal Controlled Substances Registration Number of Transferee:		
Federal Controlled Substances Registration Number of Transferee:	Controlled Substances:(Store Name)	(Permit #)
Federal Controlled Substances Registration Number of Transferee:		
•	(Street Address)	(City, State, Zip)
Location of patient records including prescription files	Federal Controlled Substances Registration Number	of Transferee:
EOGRANDE OF DRAIGHT FEOUND HIGHUING DIEBOHDHOH HIEB	Location of nationt records including prescription files	

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How was notice of closing or change of ownership given to patients of the pharmacy?					
Newspaper	Written notice to patient	Other (please specify)			
Comments:					
	(Signature of Owner	er or Pharmacist in Charge)			
	(D. (. 0;))				
	(Date Signed)				
For Office Use Only:					
Date Pharmacy Permi	t Made Null and Void:(Date)		(Initials)		
Change of Location to Federal DEA Office:					
	(1	Date)	(Initials)		
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