

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

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

| <b>SECTION A—LICENSE INFORMATION</b>   |                  |             |                  |  |
|--|------------------|-------------|------------------|--|
| 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: |  |
| <b>SECTION B — CONTROLLED SUBSTANCES REGISTRATION</b>  |                  |             |                  |  |
| 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 <a href="http://www.deadiversion.us.doj.gov">www.deadiversion.us.doj.gov</a></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.