

## **NEBRASKA PHARMACY PERMIT CLOSING FORM** **FOR CHANGE OF LOCATION ONLY**

When a pharmacy or Dispensing Practitioner changes location, the pharmacist-in-charge or owner or Dispensing Practitioner must notify the Department within 15 days of the location change so the old permit can be closed. **Please complete this form with the information for the location from which you moved.**

Date of Change of Location \_\_\_\_\_ Pharmacy Permit # \_\_\_\_\_

Name of Pharmacy/Dispensing Practitioner \_\_\_\_\_

Old Address of Pharmacy/Dispensing Practitioner \_\_\_\_\_  
(Street Address) (City, State, Zip)

Name of Pharmacist in Charge (if applicable): \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_  
(Street Address) (City, State, Zip)

Phone Number of Owner \_\_\_\_\_ DEA Registration Number \_\_\_\_\_

Is original Pharmacy Permit enclosed? \_\_\_ Yes \_\_\_ No Name of Pharmacy Inspector: \_\_\_\_\_

### **CHANGE OF LOCATION ONLY—WILL BE USING SAME DEA NUMBER AT NEW LOCATION**

DEA Registration Number \_\_\_\_\_

New Pharmacy Permit #: \_\_\_\_\_ Name of Pharmacy/Dispensing Practitioner \_\_\_\_\_

New Address of Pharmacy/Dispensing Practitioner \_\_\_\_\_  
(Street Address) (City, State, Zip)

\_\_\_\_\_  
(Signature of Owner or Pharmacist in Charge or Dispensing Practitioner)

\_\_\_\_\_  
(Date Signed)

For Office Use Only:

Date Pharmacy Permit Made Null and Void: \_\_\_\_\_  
(Date) (Initials)

Change of Location to Federal DEA Office: \_\_\_\_\_  
(Date) (Initials)