

REQUIRED FEE: \$600.00

ACCOUNTING
Business Unit #

State of Nebraska
Department of Health & Human Services – Division of Public Health
Licensure Unit
P.O. Box 94986
Lincoln, NE 68509-4986

**APPLICATION TO REINSTATE A VETERINARY DRUG DISTRIBUTOR
LICENSE**

PLEASE NOTE: A separate license must be obtained for each facility engaged in veterinary drug distribution.

NOTE: This application must be completed by the designated representative. If more space is needed to respond to any question, please attach a clearly identified separate piece of paper.

Name of Business (applicant):			
Address of Business:	Street/PO Box/Route:		
	City:	State:	Zip:
Telephone Number:		Fax Number: (optional)	
E-mail Address: (optional)			
Type of Business Entity:		License #:	
<input type="checkbox"/> Partnership	Name of each partner:		
	Name of Partnership:		
<input type="checkbox"/> Corporation	Name and title of each corporate officer and director:		
	All corporate names of applicant business:		
	State of incorporation:		
<input type="checkbox"/> Sole Proprietorship	Name of sole proprietor:		
	Name of the sole proprietorship:		
	Social Security Number of sole proprietor:		

List all trade or business names used by applicant:					
Names of persons in charge and names, addresses, and telephone numbers for all facilities used by the applicant for the storage, handling, and distribution of veterinary legend drugs:	Name of person in charge of facility:				
	Street/PO/Route:				
	City:	State:	Zip:	Phone #:	
	Name of person in charge of facility:				
	Street/PO/Route:				
	City:	State:	Zip:	Phone #:	
	Name of person in charge of facility:				
	Street/PO/Route:				
	City:	State:	Zip:	Phone #:	
	List of all licenses, permits, or other similar documentation issued to the applicant in any other state authorizing the applicant to purchase, possess, and distribute veterinary legend drugs:	State:	License/Permit Type:	License/Permit #:	
		State:	License/Permit Type:	License/Permit #:	
		State:	License/Permit Type:	License/Permit #:	
State:		License/Permit Type:	License/Permit #:		
State:		License/Permit Type:	License/Permit #:		
State:		License/Permit Type:	License/Permit #:		
State:		License/Permit Type:	License/Permit #:		

	State:	License/Permit Type:	License/Permit #:
Name(s) and address(es) of the following:			
Owner(s) of the applicant's veterinary legend drug distribution facilities:	Name:		
	Street/PO/Route:		
	City:	State:	Zip:
Designated Representative at each such facility:	Name:		
	Street/PO/Route:		
	City:	State:	Zip:
Name(s) of all managerial employees for the facility:			
1.	The following information regarding the designated representative:		
a.	Place of residence for the immediately preceding seven (7) years:		
	Street/PO/Route:		
	City:	State:	Zip:
	Inclusive dates at this address:		
	Street/PO/Route:		
	City:	State:	Zip:
	Inclusive dates at this address:	Inclusive dates at this address:	
	b.	Date of Birth:	
c.	List of all occupations, positions of employment, and offices held during the immediately preceding seven (7) years, this list should include name of principal business and addresses:		
	Occupation/Position of employment/ offices:		
	Street/PO/Route:		

	City:	State:	Zip:
	Inclusive dates at this address:		
	Occupation/Position of employment/ offices:		
	Street/PO/Route:		
	City:	State:	Zip:
	Inclusive dates at this address:		
	Occupation/Position of employment/ offices:		
	Street/PO/Route:		
	City:	State:	Zip:
	Inclusive dates at this address:		
d.	Have you been, at any time during the immediately preceding seven (7) years, the subject of any proceeding for the revocation of any license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, explain the nature of the proceeding, provide the date of the proceeding and its disposition, and submit official documentation from the entity that revoked the license:		
e.	Have you been, at any time during the immediately preceding seven (7) years, either temporarily or permanently enjoined by a court of competent jurisdiction from violations of any federal or state law regulating the possession, control or distribution of veterinary legend drugs or human legend drugs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, provide the dates and details of such order and submit official documentation from the court:		

f.	Provide a description, including dates, of any involvement by the designated representative during the immediately preceding seven (7) years, other than the ownership of stock in a publicly traded company or mutual fund, with any business which manufactured, administered, distributed, or stored veterinary legend drugs or human legend drugs and any lawsuits in which such businesses were named as a party and submit official documentation of any lawsuits:	
g.	Have you ever been convicted of any felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, the following documents must be sent directly to the Licensure Unit: 1) Official court records, which includes charges and disposition; 2) A letter from you explaining the circumstances surrounding the conviction; 3) If the conviction involved a drug and/or alcohol related offense, all addiction/mental health evaluations and proof of treatment (if treatment was obtained and/or required); and 4) If you are currently on probation, a letter from your probation officer addressing probationary conditions and your current status.	
h.	I have submitted with this application a photograph of the designated representative taken within the immediately preceding 30 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Inspection Information:	
	Inspections will be accepted by the Department if they have been conducted within the six (6) months preceding the date of application or if accreditation status by either a nationally recognized accreditation program or another state or federal agency inspection approved by the Board is still current.	
a.	Has your facility been inspected by a nationally recognized accreditation program or another state or federal agency within the six (6) months preceding the date of your application?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, submit documentation of passing that inspection.</i>
	If not inspected by one of these entities within the previous six (6) months, do you hold current accreditation or inspection status from one of these entities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide documentation of such current accreditation or inspection status.</i>
	If no, identify the entity you wish to conduct the initial inspection:	
	<input type="checkbox"/> Nationally recognized accreditation program:	
	<input type="checkbox"/> Other State Regulatory Agency:	
	<input type="checkbox"/> State and Name of Agency:	
	<input type="checkbox"/> Federal Regulatory Agency:	
	<input type="checkbox"/> Name of Agency:	

	<input type="checkbox"/>	Department (Inspection fee required pursuant to 172 NAC 181-004):
3.	Required Signatures:	
a.	Designated Representative:	
	I attest that:	
	1. I have read the application or have had the application read to me; 2. All statements on the application are true and complete; and 3. I have not committed any act that would be grounds for denial under 172 NAC 181-006, or If you have committed an act(s), you must provide an explanation of all such act(s).	
	Signature of Designated Representative:	
(1)	If applicant is an individual or partnership, signature owner: <i>Please note that if the applicant is an individual, then the applicant must provide his/her immigration status or alien number, and agree to provide a copy of his/her United State Citizenship and Immigration Services (USCIS) documentation.</i>	
	Signature of owner:	Date:
(2)	If applicant is a limited liability company with two members or less, signature of one member.	
	Signature of member:	Date:
(3)	If applicant is a limited liability company with more than two members, signature of two or more members.	
	Signature of member:	Date:
	Signature of member:	Date:
(4)	If applicant is a corporation, signature of two officers:	
	Signature of officer:	Date:
	Signature of officer:	Date: