



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
 7 Eagle Square, Concord, NH 03301-2412
 Phone: 603-271-2152

LIMITED RETAIL DISTRIBUTOR
OF MEDICAL GASES AND/OR MEDICAL DEVICES

FOR SALE DIRECT TO PATIENT / CONSUMER PURSUANT TO A PRESCRIPTION

APPLICATION FOR PERMIT TO CONDUCT BUSINESS IN THE STATE OF NEW HAMPSHIRE

Application Fee \$300.00

Location Of Facility from Which Distribution Takes Place:		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Company Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Street Address</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> City State Zip Code </div>		

Telephone:	Federal Tax ID # (FEIN):	E-Mail Address (<u>M</u> ust Be Entered In Order To Receive Your Permit):
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Parent Company (If None, Write "None"):	State of Incorporation (If Corp.):
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Nature of Retail Business (Check ALL That Apply): <input type="checkbox"/> Medical Gas Distributor <input type="checkbox"/> Medical Device Distributor <input type="checkbox"/> Other _____	Doing Business as: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC
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What Types of Prescription Devices Do You Intend to Ship to New Hampshire Residents? <input type="checkbox"/> Oxygen / Medical Gases <input type="checkbox"/> Diabetic Testing Supplies <input type="checkbox"/> Other (Describe) _____
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Provide the name, address, & title of the person to whom the permit and/or renewal application should be directed:		
Name:	Title:	Tel. #:
Business Mailing Address:		

Name of Owner(s): Indicate Individual, Partners, Etc. (If Corporation, Show Title of Officers). Attach Additional Sheet If Necessary.		
Name	Address	Title
Name	Address	Title
Name	Address	Title

In the past 3 years, has registration or licensure granted to the above referenced company by any state or federal agency been suspended, revoked, or otherwise disciplined? Yes - attach a detailed explanation No

Is the above referenced company (physical location) licensed by the board of pharmacy or other licensing agency in the state of location?

Yes - attach a copy of the state license/permit & the most recent inspection.

No - attach an explanation / verification that licensure is not required in home state.

Declaration And Signature of Company Representative:

I have attached the following required documents:

- A copy of the state license from the state licensing agency where the facility is located, *if located outside New Hampshire*. If none, you must attach an explanation.
- A copy of the facility's most recent inspection report completed by the state licensing board/agency where the facility is located. *If located outside New Hampshire*. If none, you must attach an explanation.
- A scaled drawing of the facility to include square footage.
- Certificate of Incorporation from NH Secretary of State.

I affirm that I am the person authorized to sign this application for licensure and declare under penalties of perjury that this application (including any accompanying documents) has been examined by me and to the best of my knowledge and belief is a true, correct and complete application, and if the registration herein applied for is granted, I hereby agree to and do submit to the jurisdiction of the New Hampshire Board of Pharmacy and to the laws and rules of this State.

Signature: _____ Title: _____ Date: _____

INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT REQUIRED ATTACHMENTS WILL NOT BE ACCEPTED.

Changes in Supporting Information: the application shall notify the Board immediately as defined in Ph 1002.12