

**NORTH CAROLINA DEPARTMENT OF AGRICULTURE
AND CONSUMER SERVICES**

Steve Troxler, Commissioner
FOOD AND DRUG PROTECTION DIVISION
Daniel L. Ragan, Director

STATE USE ONLY

Chk./M.O.# _____
Received _____
Amount _____
License No. _____
Date Issued _____

LICENSE APPLICATION FOR WHOLESALE PRESCRIPTION DRUG DISTRIBUTORS

NCGS 106-145 – Wholesale Drug Distributor Licensing Act of 1991

NOTE: Any person licensed under this Act is not required to register under G.S. 106-140.1

FEES: Manufacturer, Repackager, or Relabeler - \$500.00; Distributor - \$350.00

Type or print answers to all questions. Use “Not Applicable” where appropriate. **If more space is required, attach supplemental sheets(s) identifying each item corresponding to the license application.** Pay nonrefundable fee by check or money order payable to “North Carolina Department of Agriculture & Consumer Services.” **DO NOT SEND CASH.**

NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
FOOD AND DRUG PROTECTION DIVISION
1070 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-1070
TELEPHONE: (919) 733-7366; FAX: (919) 733-6801
E-Mail: dan.ragan@ncagr.gov or sharon.fields@ncagr.gov

1. Business Name _____ Telephone No. _____

Address _____ City _____ State _____ Zip _____

E-Mail contact _____

*Renewal notification in October based on e-mail address submitted on application; please notify us if this changes

2. Nature of Business Manufacturer Repackager Relabeler Distributor

OTC Pseudoephedrine

3. Type of Ownership Sole Proprietorship Partnership Corporation

State of Incorporation _____ Hours of Operation _____

4. All trade or business names used _____

5. Location of all facilities used by applicant for storage, handling, and distribution of prescription drugs. Each location must obtain a license.

Address	Telephone	Contact Person
_____	_____	_____
_____	_____	_____

6. Name and title of owners, partners, corporate officers, and directors

Name	Title
_____	_____
_____	_____

Answer the following: (a) on behalf of the owner if the applicant is a sole proprietorship, (b) on behalf of each partner if applicant is a partnership, or (c) on behalf of the corporation if the applicant is a corporation, and on behalf of each officer and director of such corporation.

- | | *YES | NO |
|--|-------|-------|
| (a) Has the applicant ever been convicted under any federal, state or local law relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? | _____ | _____ |
| (b) Has the applicant ever been convicted of any felony under federal, state, or local laws? | _____ | _____ |
| (c) Has the applicant previously given any false or fraudulent information on an application made in connection with drug manufacturing or distribution? | _____ | _____ |
| (d) Has drug registration or license under any local, state, or federal law ever been suspended or revoked? | _____ | _____ |
| (e) Has drug registration or license under any state law or the Federal Food, Drug and Cosmetic Act ever been denied? | _____ | _____ |

Describe your past experience in the manufacture or distribution of controlled substances and other prescription drugs.

What education, training, experience, or combination of these are required of employees to assure assigned functions are performed in a manner that ensures that prescription drug quality, safety, and security will be maintained at all times as required by law?

FURTHER REQUIREMENTS:

- 1. Attach A Copy Of A Valid, Signed Photo ID Of The Applicant To This Application.**
- 2. Wholesaler Only: Submit a completed Federal Background Check (instructions listed below).
No application will be accepted without this document.**

FEDERAL BACKGROUND CHECK PROCEDURE

- **Go To Local Law Enforcement / Sheriff' Office**
- **Request a Finger Print Card and Finger Printing (fee)**
- **Obtain A Money Order Written To: Treasurer Of The United States**
- **Submit: Finger Print Card**
Money order
Cover letter / Full Name
Current Address
Phone Number
Reason for Request (licensing requirement)

- **Place information in envelope and mail to the following address**

**FBI Record Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306
Phone # 304-625-5590**

- **In 4-6 weeks, you should have the report returned from the FBI**
- **Submit the report along with the completed license application to our department**
- **No license will be granted until all of this information is collected and reviewed.**

- 3. Manufacturer Including Virtual & Contract: Must be "Registered with the FDA" and /or have an approved labeler code for the product with the FDA.**

I, the undersigned, do hereby certify that all the information contained in this application is complete, true, and correct. In addition, I agree that the business will be operated in compliance with all applicable laws and regulations.

Date _____

Applicant Name _____
Owner, Partner, or Officer of Corporation

Title _____

Applicant Signature _____

License expires December 31st of each year

Changes in information supplied in this application must be submitted within 90 days.