

APPLICATION FOR REGISTRATION

**NONPRESCRIPTION DRUG OUTLET**

**CLASS D – VENDING MACHINES**

(Expires January 31 Annually)

OREGON BOARD OF PHARMACY  
 800 NE OREGON STREET, SUITE 150  
 PORTLAND, OR 97232  
 TELEPHONE (971) 673-0001  
[www.pharmacy.state.or.us](http://www.pharmacy.state.or.us)



FOR BOARD USE ONLY	[0313] 100.00
RECEIPT #	_____
BATCH DATE	_____
ENTERED BY	_____

**NONPRESCRIPTION DRUG OUTLET – CLASS D – VENDING MACHINES**

**FEE: \$100**

**ALL FEES ARE NON-REFUNDABLE**

- [ ] New Outlet Start Date \_\_\_\_\_
- [ ] Owner Change Date Effective \_\_\_\_\_ Former license number \_\_\_\_\_
- [ ] Location Change Date Effective \_\_\_\_\_ Former license number \_\_\_\_\_

A change of ownership or location **requires** the submission of a new application and registration fee within 15 days. Please check the appropriate box regarding application status: [ ] Name change only – (no fee required)

Please PRINT or TYPE **WARNING: ORS 475.135 (e) The furnishing of false information is grounds to deny registration.**

Business Name \_\_\_\_\_

Location Address \_\_\_\_\_

Phone Number ( ) - FAX # ( ) -

City, State, Zip \_\_\_\_\_

License & Renewal Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Contact Phone \_\_\_\_\_

Phone Number ( ) - FAX # ( ) -

Federal Tax ID # or Owner SSN: \_\_\_\_\_ Does this outlet belong to a chain? [ ] Yes [ ] No

Ownership: \*If owned by a corporation, please complete line 4 below:

- [ ] Corporation (Name and address of corporation officers and registered agent.) [ ] Individual Owner, Trustee or Receiver. (Enter name, title & address below.) [ ] Partnership (List below names and addresses of the 4 largest share holders.)

NAME	TITLE	MAILING ADDRESS & PHONE
1.		
2.		
3.		
4. *Corporation Name	*Date Organized (if new)	*State in which incorporated

**PLEASE CHECK ONE**

- [ ] I wish to have my registration application processed on the date you receive my COMPLETE APPLICATION and PAYMENT in your office. Because the Oregon Board of Pharmacy does not prorate fees, **I realize that by having my registration become effective before the beginning of the renewal period (January 1) my license will not be valid for a full year.**
- [ ] I wish to have my registration become effective on the following February 1st. I realize that I cannot sell any over the counter medications until then. (*\*ONLY APPLICABLE FOR NEW OUTLETS*)

The undersigned hereby certifies that all the information contained in this application registration is true and correct and that all the provisions of the law relative to the conduct of business operating thereunder will faithfully be observed.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**MAIL THIS APPLICATION WITH FEE, PAYABLE TO THE OREGON BOARD OF PHARMACY.**

**ALL RETURNED CHECKS WILL BE ASSESSED A \$25.00 RETURNED CHECK FEE PURSUANT TO ORS 30.701(5)**

Types of products stocked in machines: \_\_\_\_\_

Per Oregon Administrative Rule 855-035-0005

(8) the owner of the vending machines registered with the Oregon Board of Pharmacy under the NONPRESCRIPTION DRUG OUTLET - CLASS D REGISTRATION shall inform the Board of their locations. Please record this information below. Attach a list if additional space is required.

(11) Each vending machine that contains nonprescription drugs must have an obvious and legible statement on the machine that identifies the owner of the machine, advises the customer to check the expiration date of the product before using, and lists the phone number for the Board of Pharmacy.

<u>Machine #</u>	<u>Name of establishment and address where machine is located.</u>
1	_____ _____ _____
2	_____ _____ _____
3	_____ _____ _____
4	_____ _____ _____
5	_____ _____ _____
6	_____ _____ _____
7	_____ _____ _____
8	_____ _____ _____
9	_____ _____ _____
10	_____ _____ _____