

Facility Information Form

Oregon Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, Oregon 97232

Please complete BOTH columns of this required form and return with your renewal form. This form will be used to update your file.

Business Name: _____

Physical Location Address: _____

City, State, Zip _____

IS THIS THE PRIMARY MAILING ADDRESS FOR LICENSE & RENEWALS?

____YES ____NO (If no, please complete mailing address below)

Mailing Address _____

City, State, Zip _____

License Number: _____

Phone Number: _____

Fax Number: _____

Federal Tax ID Number: _____

Contact Person: _____

Contact Number: _____

Contact E-mail: _____

PLEASE FILL IN THE APPROPRIATE INFORMATION UNDER ITEM 1, 2 OR 3, RELATING TO OWNERSHIP.

1 Individual Owner, Trustee or Receiver:

Name _____

Address _____

Title _____

City, State, Zip _____

2 Partnership - List Name - Address of all Partners: (Attach a separate sheet if more space is needed.)

Name _____

Address _____

3 Corporation: (List name & address of President, Vice President and Secretary.)

(Please list Inc., Corp., LLC, etc.)

Corporate Name _____

President _____

Vice President _____

Secretary/Treasurer _____

State in which incorporated _____

Address _____
