



**APPLICATION FOR REGISTRATION  
NONPRESCRIPTION DRUG OUTLET  
(CLASS D – VENDING MACHINES)**

(Expires January 31 Annually)

**APPLICATION REQUIREMENTS:**

☐ **\$140.00 application or owner/location change fee** - All fees are nonrefundable

☐ **Oregon Secretary of State – (SOS) Business Registry Information** Your Oregon Secretary of State Business Registry is separate from your Oregon Board of Pharmacy registration. You must provide your business registry information as part of your application or renewal process.

For more details and to find your business information, visit the Oregon Secretary of State Business Registry found at <https://sos.oregon.gov/business/pages/find.aspx>. Additional information regarding business registration and business registration FAQs will also be found on the Secretary of State website.

☐ **Fully completed, signed application and documentation**

- This includes signed, legal documentation for all owner changes.
- Additional information may be requested to complete the application.

**\*Priority processing will be given to complete applications.** All applications submitted to the Board that are not complete and processed within 90 days from applicant signature will be expired. Once expired, applicants who wish to continue with the application process must reapply by submitting a new application, along with all documentation, and fees.

**Mail completed application and all required documentation to:**

Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150  
Portland OR 97232

**Questions? Contact us:**

Telephone: (971) 673-0001  
[www.oregon.gov/pharmacy](http://www.oregon.gov/pharmacy)  
[pharmacy.licensing@bop.oregon.gov](mailto:pharmacy.licensing@bop.oregon.gov)

Please read the following instructions for applicants for registration as a Nonprescription Drug Outlet:

1. A Nonprescription Drug Outlet is any outlet that sells or donates over-the-counter non-prescription medication directly a consumer. This includes stores, gas stations, hotels, gift shops and taverns as well as out-of-state businesses offering over-the-counter medications for sale to Oregon residents through catalog or internet sales. A Nonprescription Drug Outlet Class D is for all outlets with more than one vending machine distributing nonprescription drugs.
2. A separate registration is required for each outlet that sells or donates over-the-counter medications. This registration does not authorize an outlet to sell any prescription medications.

3. Per Oregon Administrative Rule 855-035-0020, registered nonprescription drug outlets may sell or donate non-prescription drugs in the original and unbroken packages only, properly labeled according to state and federal law, in conformity with rules of the Board. A nonprescription drug outlet shall not purchase or receive nonprescription drugs from a source not registered with the Board.
4. Nonprescription Drug Outlets are prohibited from purchasing or selling **any** product containing **any** amount of ephedrine, pseudoephedrine, or phenylpropanolamine.
5. Your business must have an **active** Secretary of State business registration in the Secretary of State's "Oregon Business Registry Database" found at: <http://sos.oregon.gov/business>.

The Board will issue a registration once all required documentation and fee(s) have been submitted. An outlet may not commence business in Oregon until a registration is issued.

6. An application is required for a new registration, an ownership change or a location change. Signed, legal documentation which verifies ownership must be provided for all owner change applications. Additional information may be requested. An application is not complete until all required documentation is provided. **All fees are nonrefundable.**

Examples of a required ownership change application include: purchase of a business; corporate restructure; LLC to a Corporation; Corporation to LLC; acquisition of assets; or additions or deletions of an owner or partner. An ownership change requires submission of a copy of the sales agreement or other documentation that verifies proof of new ownership.

If you are completing these forms to report a **Name Change** only, a fee is not required.

7. Oregon Administrative Rule 855-035 lists the regulations regarding the operation of Nonprescription Drug Outlets: <https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3973>.

Nonprescription Drug Outlets are responsible for compliance with all applicable Board of Pharmacy Laws and Administrative Rules.

The registration is to be in the possession of the approved drug outlet *PRIOR* to doing business in Oregon.

Nonprescription Drug Outlet Registrations expire January 31 annually, and fees are not prorated. Annual Renewal notices are generally mailed out mid-November.

## APPLICATION FOR REGISTRATION

### NONPRESCRIPTION DRUG OUTLET CLASS D – VENDING MACHINE

(Expires January 31 Annually)

Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150

Portland OR 97232

[pharmacy.licensing@bop.oregon.gov](mailto:pharmacy.licensing@bop.oregon.gov)



FOR BOARD USE ONLY

[0302] \$140.00

PERSON ID # \_\_\_\_\_

APPLICANT ID # \_\_\_\_\_

RECEIPT # \_\_\_\_\_

CHECK # \_\_\_\_\_

ENTERED BY \_\_\_\_\_

### Nonprescription Drug Outlet Registration

Fee: \$ 140.00

**ALL FEES ARE NONREFUNDABLE**

#### Type of Application – Check all that apply:

☐ New Facility Application - Start / Effective Date: \_\_\_\_\_

☐ Change of Ownership – Effective Date of Change: \_\_\_\_\_

Registration Number: \_\_\_\_\_ NPD-\_\_\_\_\_

☐ Change of Location – Effective Date of Change: \_\_\_\_\_

Registration Number: \_\_\_\_\_ NPD-\_\_\_\_\_

*A change in owner or location **requires** the submission of a new application and registration fee **within 15 days**.*

☐ Registration Reinstatement (Registration has been lapsed for a period of one year or more)

Registration Number: \_\_\_\_\_ NPD-\_\_\_\_\_

☐ Name Change Only - Registration Number (no fee required): \_\_\_\_\_ NPD-\_\_\_\_\_

Please PRINT or TYPE

**WARNING:** ORS 689.405(1) The furnishing of false information is grounds to deny registration.

Trade or Business Name (DBA): \_\_\_\_\_

Full Legal (Corporation or LLC) or Owner Name: \_\_\_\_\_

Federal Tax ID # or Owner SSN: \_\_\_\_\_

Physical Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX # \_\_\_\_\_

Registration & Renewal Mailing Address: \_\_\_\_\_

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

Licensing Contact Person: \_\_\_\_\_ Title \_\_\_\_\_ Contact Phone \_\_\_\_\_

Licensing Contact Person E-mail Address: \_\_\_\_\_

Facility Website: \_\_\_\_\_

Oregon Secretary of State Corporation Division Registry Number: \_\_\_\_\_

Can be found at: <https://sos.oregon.gov/business/Pages/find.aspx>

**Is this facility a small business?** A small business is defined as a corporation, partnership, sole proprietorship or legal entity, which is independently owned and operated from all other businesses and which has 50 or fewer employees? ☐ **Yes** ☐ **No**

<p>Prior to purchasing any nonprescription drugs for sale into or within Oregon, do you verify that the wholesale distributor is registered with the Oregon Board of Pharmacy?</p> <p>Note: It is the responsibility of the registration holder to verify that they are purchasing from an authorized distributor.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**REQUIRED: Product Wholesaler(s) used to obtain nonprescription drugs**

Please provide the name and address from the authorized wholesaler that you use to purchase your over-the-counter (nonprescription) medications:

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**What type of products are stocked in the vending 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> (attach additional pages if necessary)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

**REGISTERED AGENT (REQUIRED):**

Name	_____
Address	_____
City, State, Zip	_____
Contact Phone	_____
Contact Email	_____

### **Ownership Information**

Type of Ownership:

- ☐ Sole Proprietorship   ☐ Corporation   ☐ Limited Liability Company
- ☐ Partnership – Including Limited Liability Partnership and Limited Partnership
- ☐ Charitable Organization   ☐ Government / Educational Institution   ☐ Publicly Held Corporation

**Parent Company Name (If owned by another entity)** \_\_\_\_\_

Complete the information below for all owners. You must include at least one of the following: CEO, President, Owner, or Members of LLC and Registered Agent. If a corporation; include the names of the corporate officers and the names of the stockholders who own the five largest interests.

**1. Name and Title** \_\_\_\_\_

SSN/Federal Tax ID \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**2. Name and Title** \_\_\_\_\_

SSN/Federal Tax ID \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**3. Name and Title** \_\_\_\_\_

SSN/Federal Tax ID \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**4. Name and Title** \_\_\_\_\_

SSN/Federal Tax ID \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_



### **Facility Attestation Form**

**Part 1 – Responsible Party Information** - To be completed by an authorized individual of the applicant. This must be an individual who may legally sign on behalf of the business and is responsible for compliance with Oregon Laws and Rules.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact email: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility City, State, Zip: \_\_\_\_\_

**Part 2 – Attestation** - To be completed by the responsible party listed above (person who may legally sign for the business). *Must be manually signed in ink.*

Per Oregon Revised Statute [689.405\(1\)](#) The furnishing of false information is grounds to deny registration.

I swear or affirm that all information, statements, answers, and representations made in this application and the documents attached are true and correct, that the individuals at this facility are familiar with the laws and rules of the Oregon Board of Pharmacy as well as applicable federal laws, and that the business will be operated in compliance with all applicable laws and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

FINAL CHECKLIST:	
1.	Appropriate Fee Included?
<input type="checkbox"/> \$140.00 application or owner/location change fee  <b>Total Fee Enclosed:</b> _____	
2.	Required Documentation* – an application is incomplete if all requested documentation is not provided.  *Priority processing will be given to complete applications. All applications submitted to the Board that are not complete and processed within 90 days from applicant signature will expire. Once expired, applicants who wish to continue with the application process must reapply by submitting a new application, along with all documentation, and all fees.
A.	Proof of new ownership ( <i>if applicable</i> ) –  <input type="checkbox"/> <b>Legal documentation of the change in ownership or control</b> , for example, signed copy of the sales agreement, stock purchase agreement and/or and executed contract for sale, etc.
B.	<input type="checkbox"/> Fully completed application, including business registry number, registered agentm, owner/officer names, email addresses and name / address of wholesalers used to purchase nonprescription medications.
C.	<input type="checkbox"/> Completed Attestation Form
D.	<input type="checkbox"/> Authorized Signature

The undersigned hereby states that all the information contained in this application for registration is complete, true and correct; that they have read and are familiar with the applicable laws and rules of the Oregon Board of Pharmacy; and that such provisions of the law will be faithfully observed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (Owner, Partner, Etc.)

\_\_\_\_\_  
Date



ALL RETURNED PAYMENTS WILL BE ASSESSED A \$35.00 RETURNED PAYMENT FEE  
PURSUANT TO ORS 30.701(5)