APPLICATION FOR REGISTRATION

NONPRESCRIPTION DRUG OUTLET
(CLASS D – VENDING MACHINES)

(Expires January 31 Annually)

APPLICATION REQUIREMENTS:	
☐ **$100.00 application or owner/location change fee** All fees are nonrefundable. ☐ **Proof of ownership (Must be verifiable on the Secretary of State's Business Registry Database found at http://sos.oregon.gov/business for businesses located in Oregon.)** ☐ **All fields completed** ***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 all 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 pharmacy.licensing@oregon.gov

Please read the following instructions for applicants for registration as a Nonprescription Drug Outlet Class D.

1. A Nonprescription Drug Outlet Class D is for all outlets with more than one vending machine distributing nonprescription drugs.

2. This registration does not authorize an outlet to sell any prescription medications.

3. Class D Drug Outlets are prohibited from purchasing or selling **any** product containing **any** amount of ephedrine, pseudoephedrine, or phenylpropanolamine.

4. 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 being in compliance with the Board of Pharmacy's Laws and Administrative Rules

5. Your business must have an ***active*** Secretary of State business registration that provides proof of ownership on the Secretary of State's "Oregon Business Registry Database" found at: http://sos.oregon.gov/business.

6. We will process your registration when we have received all required paperwork and fee(s). You may not commence business in Oregon until your registration is issued.

7. You must pay a registration fee for each application for **a New Registration, an Ownership Change or a Location Change**. The Board can only accept payment by check or money order. **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. 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, you do not pay a fee.

Please be aware that your registration will be issued upon approval once all required paperwork and fee(s) are processed. Your license is to be in your possession *PRIOR* to doing business in Oregon. Nonprescription Drug Outlet Registrations expire January 31, annually, and fees are not prorated. **Renewals are due and must be post-marked by December 31st**, annually, which is one (1) month prior to the expiration date of your license. Renewal notices are generally mailed out mid-November.

APPLICATION FOR REGISTRATION

NONPRESCRIPTION DRUG OUTLET
CLASS D – VENDING MACHINE
In and Out of State
(Expires January 31 Annually)

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland OR 97232
Pharmacy.licensing@oregon.gov

FOR BOARD USE ONLY	**[0313] $100.00**
PERSON ID #	
APPLICANT ID #	
RECEIPT #	
CHECK #	
ENTERED BY	

Please check all that apply:

☐ **Class D Drug Outlet Registration** **Fee: $100.00**
☐ **Laws & Rules per set, please indicate quantity_____** **Fee: $ 25.00**

ALL FEES ARE NON REFUNDABLE

Type of Application – Check all that apply:

☐ **New Facility Application - Start / Effective Date:** _____

☐ **Change of Ownership or Location Change – Effective Date of Change:** _____
A change of ownership or location **requires** the submission of a new application and registration fee **within 15 days**.

Registration Number: NPD-_____

☐ **Legal documentation of the change in ownership or control, for example, Oregon Business Registration, stock purchase agreement and/or and executed contract for sale, etc.**

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

Registration Number: NPD-_____

☐ **Name Change Only (no fee required)**

Registration Number: 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 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

1. 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
2. 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? Note: It is the responsibility of the registration holder to verify that they are purchasing from an authorized distributor.	☐Yes ☐No

Product Wholesaler(s) used to obtain products sold:

Please provide the name and address from the authorized wholesaler that you use to purchase your products:

Name: _____

Physical Address: _____

Name: _____

Physical Address: _____

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.

Machine #	**Name of establishment and address where machine is located** (attach additional pages if necessary)
1._____	_____
2._____	_____
3._____	_____
4._____	_____
5._____	_____

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 _____

	FINAL CHECKLIST:
1.	Appropriate Fee Included?
☐ $100.00 application or owner/location change fee ☐ $100.00 renewal fee* (*Only applicable if application is postmarked in the renewal period of November through January annually) **Total Fee Enclosed:** _____	
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 ownership / name change
B.	☐ Fully completed application, including email addresses and name / address of wholesalers used to purchase products offered for sale
C.	☐ 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)