

APPLICATION FOR REGISTRATION  
**Non-Prescription Drug Outlet Class A or B  
In and Out of State**

(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)

**Non-Prescription Drug Outlet Class A or B Registration**  
**Laws & Rules (Optional)**

Fee: \$50.00  
Fee: \$25.00

**ALL FEES ARE NON REFUNDABLE**

Dear Applicant:

Please read the following information as it relates to registration as a Non-Prescription Drug Outlet:

1. A Non-Prescription Drug Outlet is any outlet that sells over-the-counter non-prescription medication directly to the 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
2. A separate registration is required for each outlet that sells over-the-counter medications.
3. This registration does not authorize an outlet to sell any prescription medications.
4. If your outlet is selling and/or distributing over-the-counter medications to any other outlet a [Wholesaler Class II Registration](#) is required. This includes Internet and catalog sales.
5. If your outlet is selling and/or distributing over-the-counter medications to any other outlet and is also selling directly to the consumer. Two registrations are required; a Wholesaler Class II Registration and Non-Prescription Drug Outlet Registration.
6. Non-Prescription Drug Outlets may not purchase or receive over-the-counter medications from any source that is not registered with the Oregon Board of Pharmacy. You may confirm that your wholesale distributor is registered by using the Board's "Online License Lookup & Verifications" system available at: [www.pharmacy.state.or.us](http://www.pharmacy.state.or.us) and by clicking on "[Online License Lookup & Verifications](#)".
7. It is the responsibility of each outlet to regularly verify its over-the-counter medication inventory to ensure that there are no expired over-the-counter medications on its shelves or being sold. If you possess any expired over-the-counter medications return them to your wholesale distributor immediately or take them to a [Law Enforcement Disposal Site for Unwanted and Unused Drugs](#).
8. Non-Prescription Drug Outlets are prohibited from purchasing or selling any product containing any amount of ephedrine, pseudoephedrine, or phenylpropanolamine.
9. Non-Prescription Drug Outlets are responsible for being in compliance with the Board of Pharmacy's Laws and Administrative Rules. All Board of Pharmacy Laws and Administrative Rules are available on the Board's website at: [www.pharmacy.state.or.us](http://www.pharmacy.state.or.us). Click on "Laws and Rules" then scroll down to **Division 35** to review the rules for the Operation of Non-Prescription Drug Outlets or click [here](#).
10. A Non-Prescription Drug Outlet Application and \$50.00 registration fee is required for each **New Registration, Ownership Change or a Location Change**. A **Name Change** only, does not require a fee. Proof of new ownership must be verifiable on the Secretary of State's "Oregon Business Registry Database" found at: <http://sos.oregon.gov/business>, or a copy of the documentation showing proof of change of ownership must be provided.
11. Please mail your complete application to the Board along with payment by check or money order only and made payable to the Oregon Board of Pharmacy. **Note that all fees are non-refundable.**
12. Non-Prescription Drug Outlet Registrations expire January 31<sup>st</sup> annually, and fees are not prorated. Renewals are due by the postmark deadline of December 31<sup>st</sup> annually, which is one month prior to the expiration date of this registration to allow for processing time. Renewal notices are mailed out in advance in mid-November.

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NONPRESCRIPTION DRUG OUTLET  
IN AND OUT OF STATE

(Expires January 31 Annually)

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



FOR BOARD USE ONLY [0302] \$50.00

PERSON ID # \_\_\_\_\_  
APPLICANT ID # \_\_\_\_\_  
RECEIPT # \_\_\_\_\_  
CHECK # \_\_\_\_\_  
ENTERED BY \_\_\_\_\_

**FEE: \$50.00**

**ALL FEES ARE NON-REFUNDABLE**

*(Check or Money Order only)*

**PLEASE CHECK APPROPRIATE BOXES:**

**New Outlet** Start / Effective Date: \_\_\_\_\_

**License Reinstatement**  **Owner Change**  **Location Change**  **Name Change Only** - No fee required

License Number: \_\_\_\_\_ Date Effective: \_\_\_\_\_

A change of ownership or location **requires** the submission of a new application and registration fee within 15 days. Proof of new ownership must be verifiable on the Secretary of State's "Oregon Business Registry Database" found at: <http://sos.oregon.gov/business>, or a copy of the documentation showing proof of change of ownership must be provided.

**Please PRINT or TYPE**

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

Corporate / LLC Name: \_\_\_\_\_

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

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

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

Phone Number: ( ) - FAX # ( ) -

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

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

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

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

**Please provide the name and address from whom you purchase your over-the-counter medications:**

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

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

**Please provide the name, title, address and email of the Owner, CEO, President, or Members of LLC.**

Name \_\_\_\_\_ Title \_\_\_\_\_ Address, City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Address, City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Address, City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

The undersigned hereby certifies that all the information contained in this application for non-prescription drug outlet registration is true and correct and that all the provisions of the law relative to the conduct of business operating there under will faithfully be observed.

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

Print Name \_\_\_\_\_ Title \_\_\_\_\_

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