



**Secretary of State  
Office of Professional Regulation**

**PHARMACY**  
**Application Instructions for Instate Manufacturer**

1. Submit application and application fee (nonrefundable processing fees). **All signatures required on the application must be those of an Owner, a Partner or Corporate Officer.**
2. Submit a copy of current business registration as filed with the Vermont Secretary of State, Corporations Division. 802-828-2386.
3. Provide lists of partners, members, or shareholders of a parent corporation owning five percent (5%) or more of the corporation's assets including principal corporate officers, directors, and all pharmacists dispensing drugs, including the pharmacist in charge. If no shareholder owns 5% or more, please state that fact on the application. The lists must include the name, date of birth, and address of any person with a controlling interest in this business/drug outlet.
4. Flow chart showing ownership. If an actual flow chart is not available, a description of the ownership or hierarchy of the organization is acceptable.
5. Completed Affirmation Form by the sole proprietor, or all partners, members, or corporate officers and directors, and the contact person, that they have not been convicted of, and are not under indictment for, any felony, or misdemeanor arising from the violation of any drug or pharmacy related laws (Rule 7.2 (e)) is required.
6. Submit a copy of the applicants DEA license
7. Successfully pass inspection and submit a copy of the final inspection report. Your manufacturing facility (drug outlet) must be inspected prior to opening. Your application must be complete prior to scheduling an inspection (Rule 7.2 (h) and 7.3).

**NOTE:** Any change of address or other contract information, by an applicant or licensee, must be forwarded to this office no later than thirty (30) days after change occurs.