

Pharmacy License Renewal Application Form (Sample - Filled)

The **pharmacy license renewal application form** filled sample demonstrates the correct way to complete the submission for timely license extension. It serves as a practical guide to avoid common errors and ensure all required information is accurately provided. Using this sample can streamline the renewal process and maintain compliance with regulatory standards.

Section 1: Pharmacy Information

Pharmacy Name	City Health Pharmacy
License Number	PH-2023-4581
Expiration Date	2024-07-31
Business Address	123 Main St, Downtown, Springfield, ST 00099
Telephone Number	(555) 123-4567
Email Address	contact@cityhealthpharmacy.com

Section 2: Owner/Manager Information

Name of Owner/Manager	Dr. Samantha Lee
License / Registration No.	RPH-785649
Contact Number	(555) 234-5678
Email	samantha.lee@cityhealthpharmacy.com

Section 3: Renewal Information

Renewal Period	08/01/2024 – 07/31/2025
Has the ownership changed?	No
Are there any pending violations?	No

Section 4: Declaration

Applicant Name	Dr. Samantha Lee
Signature	<i>Signed</i>
Date	2024-06-15

By signing this form, I attest that all information provided is true and correct to the best of my knowledge.

Section 5: Attachments Checklist

- Copy of expiring pharmacy license
- Proof of payment for renewal fee
- Owner/Pharmacist license copy
- Other regulatory documents as required