

## NAME CHANGE FOR PHARMACY/DISTRIBUTOR

Permit holders must report when the name of a pharmacy or distributor establishment is changed to ensure that the Board can continue to send important notices, including license renewal information. Failure to provide the Board with a name change or changes in the status of the establishment may lead to Board actions against the permit holder in accordance with HO §12-313(b)(1), (6), (7) and (24), Annotated Code of Maryland

Please use the form below to notify the Board within 30 days of the change of the name of the establishment.

### PLEASE COMPLETE THE ENTIRE FORM

APPLICATION DATE:	DATE OF CHANGE:	
NEW NAME:		
PREVIOUS NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
BUSINESS TELEPHONE:	BUSINESS FAX:	
BUSINESS WEB ADDRESS:	EMAIL:	
FEDERAL TAX ID #:	PERMIT #:	

Establishments located outside of Maryland:

Does this business currently comply with all licensing requirements in your state?  Y  N

I solemnly affirm that I have met all federal, state and local requirements in changing the name of the pharmacy/distributor permit.

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*Signature of Legal Applicant*

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*Date*

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*Typed Name and Title*

#### MAIL, FAX or E-MAIL form to:

Maryland Board of Pharmacy

4201 Patterson Avenue

Baltimore, Maryland 21215

Fax: (410) 358-6207 Phone: (410) 764-4755

E-Mail: [DHMH.MDBOP@MARYLAND.GOV](mailto:DHMH.MDBOP@MARYLAND.GOV)

**NOTE:** *This form may not be used to report location or ownership changes, which requires a fee and new inspection. To acquire the correct form for reporting other establishment changes, visit the Board's web site at <http://dhmh.maryland.gov/pharmacy/SitePages/Establishments.aspx>, then click on 'Establishment Forms.'*

Board Approval: \_\_\_\_\_ Date: \_\_\_\_\_