



Dear Prospective Applicant:

The application to register a non-resident pharmacy or non-resident manufacturer, wholesaler or repacker in New York State is self-explanatory. All non-resident pharmacies, manufacturers, wholesalers and repackers doing business in New York State **MUST BE REGISTERED** with the New York State Board of Pharmacy.

The burden of submitting a properly completed application rests with the applicant. **Incomplete applications cannot be processed. They will be returned to you for completion. All required documents must be submitted with the application. Do not send separately.**

If you want the New York State Department of State to act as your resident agent, you must file for Authority to do Business in New York. They can be reached at (518) 473-2492 or visit their website for information, instructions and forms <http://www.dos.state.ny.us/corp/corppwww.html>.

Applications will be processed in the order in which they are received. In the interest of fairness, we cannot deviate from this policy. Please submit your completed application at least eight (8) weeks prior to your anticipated registration date. Please retain at least one copy of all forms and documents submitted by the applicant and/or the contact person.

Items to Submit for Registration of a	
Non-Resident Pharmacy	Non-Resident Wholesaler/Manufacturer/Repacker
1. Completed Application form (4 pages). Notarized signature is required on Page 4.	1. Completed Application form (4 pages). Notarized signature is required on Page 4.
2. If your corporation is using the NYS Secretary of State as registered agent, include a copy of the Official Filing Receipt for Authority to do Business in New York (question 11).	2. If your corporation is using the NYS Secretary of State as registered agent, include a copy of the Official Filing Receipt for Authority to do Business in New York (question 12).
3. Letter of Certification/Verification of License/Permit/Registration in your RESIDENT State with Official Seal must be provided.	3. Letter of Certification/Verification of License/Permit/Registration in your RESIDENT State with Official Seal must be provided.
4. Application fee of \$345. <b>ONE</b> individual check per pharmacy is required. No fee is needed for change of location.	4. Application fee of \$825. <b>ONE</b> individual check per establishment is required. No fee is needed for change of location.
5. Sample Rx label that includes toll-free phone number must be attached to page 2.	5. For Transfer of Ownership, a Seller's Certificate or Bill of Sale is required.
6. For Transfer of Ownership, a Seller's Certificate or Bill of Sale is required.	6. Copy of your current license/permit from your home state.
7. Copy of your current license/permit from your home state.	