

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414  
Topeka, Kansas 66612-1244  
www.pharmacy.ks.gov (785) 296-4056  
pharmacy@ks.gov Fax (785) 296-8420

**SUPPLEMENTAL APPLICATION:  
LLC Ownership  
Form S-320**

All applications must be typed, be complete, and include all fees and supporting documentation before they will be processed by staff.

**SUPPORTING DOCUMENTATION**

You MUST submit your Articles of Organization with this form.

Note: A copy of the Operating Agreement must be made available to the Board if the Board so requests.

**APPLICANT INFORMATION**

Name of Pharmacy/Facility (DBA name if applicable)			Phone Number
Address of Pharmacy/Facility			
City	State	Zip	County
Name of LLC			
Address of LLC			
City	State	Zip	County
Federal Employer Identification Number (FEIN)			Phone Number

**LLC MANAGER**

LLC Manager Name			
Address of Record			% Ownership
City	State	Zip	County
Manager's Kansas Board of Pharmacy License Number & Type (if applicable)			

**LLC MEMBERS**

List name, address, & percent ownership of all members for the LLC listed above. If any of the members listed below is an LLC, Partnership, or a corporation, a separate business entity form (Form S-310, S-320, or S-330) must also be completed for each member.

**Total ownership percentages must equal 100%.** If additional space is needed, please attach additional copies of the next page.

Member Name 1			Title
Address of Record			% Ownership of LLC
City	State	Zip	County
Member's Kansas Board of Pharmacy License Number & Type (if applicable)			

Member Name 2			Title
Address of Record			% Ownership of LLC
City	State	Zip	County
Shareholder's Kansas Board of Pharmacy License Number & Type (if applicable)			



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Member Name 3			Title
Address of Record			% Ownership of LLC
City	State	Zip	County
Member's Kansas Board of Pharmacy License Number & Type (if applicable)			

Member Name 4			Title
Address of Record			% Ownership of LLC
City	State	Zip	County
Member's Kansas Board of Pharmacy License Number & Type (if applicable)			

Member Name 5			Title
Address of Record			% Ownership of LLC
City	State	Zip	County
Member's Kansas Board of Pharmacy License Number & Type (if applicable)			

**LLC MANAGER CERTIFICATION**

*I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this application and that the information provided is true, correct, and complete to the best of my knowledge.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED