

**STATE BOARD OF PHARMACY**

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Topeka, Kansas 66612-1244  
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**REGISTRATION APPLICATION:**

**Retail Dealer**  
**Form BA-10**

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

**FEES**

Enclose a check or money order payable to the Kansas State Board of Pharmacy in the amount of \$10. Fees are nonrefundable.

**Please indicate if this is a new application or a change:** New ApplicationChange (Check all that apply):  Address Ownership Name

Previous registration number: \_\_\_\_\_ Effective date of change: \_\_\_\_\_

**OWNER INFORMATION**

Name			
Address			
City	State	Zip	County
Phone	Fax		Email

**RETAIL DEALER INFORMATION**

Name of Store (printed on license)			
Physical Address			
City	State	Zip	County
Phone	Fax		Email
Contact Person	Contact Person Direct Phone		Hours of Operation

**AUTHORIZED AGENT INFORMATION** (For partnerships, LLCs, nonprofits, and companies)

Name		Title	
Address			
City	State	Zip	County
Phone	Fax		Email

**Designate where all formal correspondence, notices, and renewals should be sent:** Owner Physical Location Authorized Agent**STORE PROPRIETOR/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

Initials: \_\_\_\_\_

**OFFICE USE ONLY**

Permit #: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_