STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
MISSOURI BOARD OF PHARMACY

MAILING ADDRESS:
MISSOURI BOARD OF PHARMACY
P.O. BOX 625
JEFFERSON CITY, MO 65102
(573) 751-0091
(573) 526-3464 (FAX)

DELIVERY ADDRESS:
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65109

FACILITY OUT-OF-BUSINESS NOTIFICATION

(Resident & Non-Resident)

Facility Out-of-Business Notification forms can now be submitted via the MOPRO licensing portal.
Visit https://mopro.mo.gov/license/s/ to file your notification online.

FACILITY INFORMATION

Type of Facility Completing This Form:

- ☐ Drug Distributor/Drug Manufacturer Registrant
- ☐ Drug Outsourcer
- ☐ Pharmacy
- ☐ Third-Party Logistics Provider (3PL)

NAME OF FACILITY	MISSOURI LICENSE/PERMIT #

ADDRESS	CITY	STATE	ZIP

PLEASE CHECK THE APPLICABLE BOX:

- ☐ Facility is not renewing the above Missouri license/permit. *(Check this box if you would like to keep your Missouri license/permit active until the expiration date currently listed on the license/permit)*
- ☐ Facility is surrendering its Missouri pharmacy license/permit. *(Check this box if you would like your Missouri pharmacy permit to be voided as of the surrender date listed below)*
- ☐ Facility is closed/will be closing and will no longer be in operation.
- ☐ Facility is being sold/change of ownership.

*****An official Missouri Change of Ownership Application is required if you are purchasing, buying or assuming ownership of a Missouri licensed/permitted location. DO NOT USE THIS FORM*****

Effective date of Facility Closing/ Surrender/ Sale/ Change of Ownership (MM/DD/YYYY)

****An effective date is not required if the facility is not renewing but will be maintaining its Missouri license/permit until the current expiration date. For entities not renewing, your Missouri license/permit will expire by operation of law on the expiration date currently listed on your facility license/permit.****

STOCK/INVENTORY INFORMATION

NAME OF PERSON AND/OR FACILITY IN POSSESSION OF STOCK / INVENTORY

ADDRESS	CITY	STATE	ZIP

PRESCRIPTION/DISTRIBUTION RECORDS INFORMATION

NAME OF PERSON IN POSSESSION OF RECORDS			
ADDRESS	CITY	STATE	ZIP

MILITARY BENEFITS/SERVICES

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? ☐ YES ☐ NO

Would you like to receive information and assistance regarding veterans benefits and services? ☐ YES ☐ NO

May the agency share your contact information with the Missouri Veterans Commission to provide such information? General information may also be found on the Missouri Veterans Commission's website https://mvc.dps.mo.gov/. ☐ YES ☐ NO

PHARMACY SIGNAGE- TO BE COMPLETED BY PHARMACY PERMIT-HOLDERS

Section 338.210, § 338.220, and § 338.260, RSMo, provide it is unlawful for any individual or entity to conduct or transact business under the name "pharmacy", "apothecary", "drugstore", "drugs", or any other symbols, words or phrases of similar meaning unless the individual/entity holds a Missouri pharmacy license and/or is supervised by a Missouri licensed pharmacist. Accordingly, all signage or advertisements indicating that the pharmacy is licensed in Missouri must be removed as of the above-listed surrender, closing, sale, or change of ownership effective date.

If the signage/advertising at the pharmacy has not already been removed, please indicate a date that it will be removed.

☐ SIGNAGE/ADVERTISING ALREADY REMOVED	DATE SIGNAGE/ ADVERTISING WILL BE REMOVED

SIGNATURES

SIGNATURE OF PERSON SUBMITTING APPLICATION	PRINT NAME
TITLE	DATE

RETURN THIS FORM TO:

MISSOURI BOARD OF PHARMACY
P.O. BOX 625
JEFFERSON CITY, MO 65102

YOUR **MISSOURI LICENSE / PERMIT MUST BE RETURNED WITH THIS FORM** IF THE PHARMACY IS SURRENDERING, CLOSING, OR BEING SOLD/CHANGING OWNERSsHIP. No fee is required for this notification.