



# OKLAHOMA STATE BOARD OF PHARMACY

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## FORM B-1. CORPORATION OWNERSHIP INFORMATION (NOT PUBLICLY TRADED)

### A. APPLICANT. (PLEASE TYPE OR PRINT CLEARLY)

PHARMACY OR FACILITY NAME and DBA NAME APPLYING FOR LICENSE

ADDRESS OF PHARMACY OR FACILITY (include city, state and ZIP)

### B. NAME OF CORPORATION. (Not Publicly Traded)

NAME OF CORPORATION

ADDRESS OF CORPORATION (include city, state and ZIP)

STATE OF INCORPORATION

FEDERAL EMPLOYER ID NUMBER (FEIN) OF CORPORATION

### C. CORPORATE OFFICERS. (President and Secretary) Provide the following information for the corporation listed in Section B.

OFFICER NAME 1

TITLE

ADDRESS OF RECORD (include city, state and ZIP)

LICENSED OK PHARMACIST?

Yes  No

IF YES, OK DPH LICENSE #

OFFICER NAME 2

TITLE

ADDRESS OF RECORD (include city, state and ZIP)

LICENSED OK PHARMACIST?

Yes  No

IF YES, OK DPH LICENSE #

**D. CORPORATION SHAREHOLDERS (i.e. OWNERS).** You must provide the following information for each shareholder/owner of the corporation listed above in Section B. If additional space is needed, please attach a separate sheet. **Total shareholder/owner percentages must equal 100%.**

**IMPORTANT:** If any of the shareholders/owners listed below is an LLC, Partnership or a Corporation, a separate, additional ownership form (e.g. Form A, B1, B2 or C) must also be completed for that shareholder/owner.

SHAREHOLDER/OWNER NAME 1

TITLE

ADDRESS OF RECORD (include city, state and ZIP)

%OWNERSHIP OF CORP IN SECT B

LICENSED OK PHARMACIST?

Yes  No

IF YES, OK DPH LICENSE #

**FORM B-1. CORPORATION OWNERSHIP INFORMATION (NOT PUBLICLY TRADED) – *continued***

SHAREHOLDER/OWNER NAME 2		TITLE	
ADDRESS OF RECORD <i>(include city, state and ZIP)</i>		%OWNERSHIP OF CORP IN SECT B	
LICENSED OK PHARMACIST?	___ Yes ___ No	IF YES, OK DPH LICENSE #	

SHAREHOLDER/OWNER NAME 3		TITLE	
ADDRESS OF RECORD <i>(include city, state and ZIP)</i>		%OWNERSHIP OF CORP IN SECT B	
LICENSED OK PHARMACIST?	___ Yes ___ No	IF YES, OK DPH LICENSE #	

SHAREHOLDER/OWNER NAME 4		TITLE	
ADDRESS OF RECORD <i>(include city, state and ZIP)</i>		%OWNERSHIP OF CORP IN SECT B	
LICENSED OK PHARMACIST?	___ Yes ___ No	IF YES, OK DPH LICENSE #	

SHAREHOLDER/OWNER NAME 5		TITLE	
ADDRESS OF RECORD <i>(include city, state and ZIP)</i>		%OWNERSHIP OF CORP IN SECT B	
LICENSED OK PHARMACIST?	___ Yes ___ No	IF YES, OK DPH LICENSE #	

I swear and affirm under penalty of perjury pursuant to Title 21 O.S. 491 and/or discipline by the Board of Pharmacy under the pharmacy laws and rules of the State of Oklahoma that all information I have supplied herein is true and complete.

***THIS SIGNATURE MUST BE NOTARIZED:***

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

\_\_\_\_\_  
Printed Name & Title of Managing Officer

Subscribed and sworn to or affirmed before  
me this \_\_\_\_\_ day of \_\_\_\_\_ ,  
20 \_\_\_\_\_ .

\_\_\_\_\_  
Signature of Managing Officer

\_\_\_\_\_  
Notary Public

**THE FOLLOWING MUST BE SUBMITTED WITH THIS DOCUMENT:**

- 1. Oklahoma State Board of Pharmacy Application & Fee
- 2. Copy of **SECRETARY OF STATE CERTIFICATE OF INCORPORATION** *(for Corporation in Sect B)*
- 3. Additional Ownership Form(s) for Shareholders/Owners *(if applicable - see Sect D)*

*NOTE: A copy of the Bylaws must be made available to the Board if the Board so requests.*