

WYOMING STATE BOARD OF PHARMACY

1712 Carey Avenue, Suite 200

Cheyenne, WY 82002

307-634-9636 Telephone

307-634-6335 Fax

BOP@wyo.gov Email

WYOMING RESIDENT RETAIL PHARMACY LICENSE AND CONTROLLED SUBSTANCES REGISTRATION

RENEWAL APPLICATION

July 1 through June 30

Business Name: _____

Renewal Address: _____

City: _____ State: _____ Zip Code: _____

Renewal Fees:

This application is for renewal of your Wyoming Retail Pharmacy License, as well as your Wyoming Controlled Substances Registration. There are separate fees for each. One check, made payable to the Wyoming State Board of Pharmacy, may be issued to pay both renewal fees.

Pharmacy License Renewal Fee (*if postmarked on or before June 30*): \$150.00

Wyoming Controlled Substances Registration Fee (*if applicable*): \$ 40.00

The Pharmacy License Renewal Fee, if postmarked after June 30, is \$300.00/\$340.00.

Instructions:

1. Verify all information, edit changed or incorrect information, and provide any missing information. Information may be provided on a separate page, if necessary.
2. Sign and date the renewal application.
3. Submit completed renewal application, appropriate fee, and any attachments to the address given above.

Pharmacy name (DBA): _____

Wyoming license number: _____

Business name (*if different than above*): _____

Address: _____

City, State, Zip _____

Telephone number: _____

Fax number: _____

Type of ownership: _____

Pharmacy performs compounding? Yes No If yes: Sterile Non-Sterile

FEIN Number (Federal Employer Identification Number) _____

Provide an updated listing of names of owner(s); or partners, if a partnership; or corporate officers or directors, if a corporation; or members, if a limited liability company (*information may be provided on a separate page, if necessary*):

