State of Florida
Department of Business and Professional Regulation
Division of Drugs, Devices, and Cosmetics

Application for Change of Physical Location
Form No.: DBPR-DDC-109

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION	APPLICATION REQUIREMENTS
Application for Physical Location Change	☐ **Submit nonrefundable change of physical location fee. Make money order, company or business check, or cashier's check payable to Department of Business and Professional Regulation or DBPR for the following applicable fees.** **$100.00 - Located in Florida:** If the permit is issued to a Prescription Drug Manufacturer, Prescription Drug Manufacturer – Virtual, Prescription Drug Repackager, Over-the-Counter Drug Manufacturer, Compressed Medical Gas Manufacturer, Cosmetic Manufacturer, Prescription Drug Wholesale Distributor (including Broker Only), Compressed Medical Gas Wholesale Distributor located in Florida, Retail Pharmacy Drug Wholesale Distributor, Complimentary Drug Distributor located in Florida, Freight Forwarder, Veterinary Prescription Drug Retail Establishment, Veterinary Prescription Drug Wholesale Distributor located in Florida, Limited Veterinary Prescription Drug Wholesale Distributor located in Florida, Medical Oxygen Retail Establishment, Third Party Logistics Provider located in Florida, or any of the Restricted Prescription Drug Distributors. **$25.00 – Health Care Clinic Establishment Located in Florida:** If the permit issued to the establishment is for a Health Care Clinic Establishment only. **$25.00 - Located Outside Florida:** If the permit is issued to a Complimentary Drug Distributor located outside of Florida, Veterinary Prescription Drug Wholesale Distributor located outside of Florida, Limited Prescription Drug Veterinary Wholesale Distributor located outside of Florida, Third Party Logistics Provider located outside of Florida, Compressed Medical Gas Wholesale Distributor located outside Florida, Non-Resident Prescription Drug Manufacturer, Non-Resident Prescription Drug Manufacturer – Virtual, Non Resident Prescription Drug Repackager, or Out-of-State Prescription Drug Wholesale Distributor. **$25.00 – Additional Permits:** For each additional permit if multiple permits are issued under the same permitted name and address are relocated concurrently to one new location. ☐ If applicant is located outside the state of Florida, submit a photocopy of your license/permit(s) issued by your resident state that authorizes the distribution of prescription drugs from the applicant's new establishment's address. ☐ If applicant is licensed as a Retail Pharmacy Drug Wholesale Distributor, provide a copy of the Community Pharmacy permit issued to the new address. ☐ Sign and date the Affidavit section of the application.

	A new physical location must meet minimum requirements before a permit authorizing business at the new address can be issued. Florida law defines “Establishment” as a place of business which is at one general physical location and may extend to one or more contiguous suites, units, floors, or buildings operated and controlled exclusively by entities under common operation and control. Where multiple buildings are under common exclusive ownership, operation, and control, an intervening thoroughfare does not affect the contiguous nature of the buildings. For purposes of permitting, each suite, unit, floor, or building must be identified in the most recent permit application.
	Submit the completed application with enclosures to: Department of Business and Professional Regulation 2601 Blair Stone Road Tallahassee, FL 32399-1047

PLEASE NOTE:

- Telephone, email and fax contact information is used to quickly resolve questions with applications. If such information is not provided, questions regarding applications will be mailed to the application contact’s mailing address and may take longer to resolve.

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If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Division of Drugs, Devices and Cosmetics, at **850.717.1800.** ***For additional information see the Instructions at the beginning of this application.***

Section I – Application Type

TYPE OF APPLICATION
Please indicate whether this is a change in physical location application or only mailing address change.
☐ **Change in Physical Location Application [3010]** ☐ **Health Care Clinic Establishment Change in Physical Location 3360 [3011]**

Section II – Applicant Information

APPLICANT INFORMATION		
List Permit/Registration Number(s):		
Federal Tax Identification Number:		
FULL LEGAL NAME		
Applicant's Full Legal Name:		
FICTITIOUS, TRADE OR BUSINESS NAME (only if applicant intends to operate under a name different from full legal name)		
Applicant's Fictitious, Trade or Business Name:		
OLD PHYSICAL ADDRESS OF ESTABLISHMENT		
Street Address:		
City:	State:	Zip Code (+4 optional):
County (if Florida address):	Country:	
Telephone Number:	Fax Number:	
Email Address:		

NEW PHYSICAL ADDRESS OF ESTABLISHMENT TO BE PERMITTED		
Street Address:		
City:	State:	Zip Code (+4 optional):
County (if Florida address):	Country:	
Telephone Number:	Fax Number:	
Email Address:		

APPLICANT'S MAILING ADDRESS		
Street Address or P.O. Box:		
City:	State:	Zip Code (+4 optional):

APPLICATION CONTACT			
Whom should the department contact with questions regarding this application?			
Last/Surname:	First:	Middle:	Suffix:
Address:			
City:	State:	Zip Code (+4 optional):	
Telephone Number:	Fax Number:		
E-Mail Address:			

OPERATING HOURS	
Mon _____:_____ am/pm to _____:_____ am/pm	Fri _____:_____ am/pm to _____:_____ am/pm
Tue _____:_____ am/pm to _____:_____ am/pm	Sat _____:_____ am/pm to _____:_____ am/pm
Wed _____:_____ am/pm to _____:_____ am/pm	Sun _____:_____ am/pm to _____:_____ am/pm
Thu _____:_____ am/pm to _____:_____ am/pm	

Section III - Questionnaire

IF THE ESTABLISHMENT IS LOCATED IN THE STATE OF FLORIDA, ANSWER QUESTIONS BELOW.		
1.	Is the new address a residence?	☐ Yes ☐ No
2.	Is the new address located in a residential area?	☐ Yes ☐ No
3.	Are there any other permits or licenses issued by any agency in Florida that authorize the purchase or possession of prescription drugs at this address? (If yes, provide the permit name(s), permit number(s), type of permit(s) and expiration date	☐ Yes ☐ No

4.	Will this new address ever take possession of prescription drugs, including the delivery of medical oxygen to patients?	☐ Yes ☐ No
5.	Is this an application for a medical gas establishment? (If yes, provide a copy of the establishment's **current fire inspection report** for the new establishment.)	☐ Yes ☐ No
6.	Sections 499.0121, 499.84, 499.85,F.S., and Rule 61N-1.013, F.A.C. require establishments to be equipped with a) an alarm system to detect entry after hours and b) a security system that provides protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records. Please provide a written description of the alarm and security systems that includes both the type of systems used and how the systems are monitored. Alarm system description included? ☐ Yes ☐ No Security system description included? ☐ Yes ☐ No	
7.	Does the new address have air conditioning where prescription drugs will be held?	☐ Yes ☐ No ☐ N/A, does not take possession of prescription drugs.
8.	Does the new address have temperature and humidity recording devices?	☐ Yes ☐ No ☐ N/A, does not take possession of prescription drugs.
9.	Is the area where prescription drugs will be held lighted?	☐ Yes ☐ No ☐ N/A, does not take possession of prescription drugs.
10.	Is there adequate space to store, handle, examine, pick, fill orders, and process returns?	☐ Yes ☐ No ☐ N/A, does not take possession of prescription drugs.
11.	Is there a quarantine area at the new address?	☐ Yes ☐ No ☐ N/A, does not take possession of prescription drugs.
12.	Are entry areas where the prescription drugs are held limited to authorized personnel?	☐ Yes ☐ No ☐ N/A, does not take possession of prescription drugs.

13.	Is the new location clean and orderly?	☐ Yes ☐ No
14.	Is the new location free from infestation by insects, rodents, birds, pest, or other animals?	☐ Yes ☐ No
15.	Are your policies and procedures current for your new location?	☐ Yes ☐ No
16.	Do your invoices, shipping records or other documentation reflect your current address? (If not, how do you plan to reflect the new address on your records?)	☐ Yes ☐ No
17.	Will the records that are required be maintained under Chapter 499, F.S. be stored and maintained at this new address? (If not, where will they be stored and maintained?)	☐ Yes ☐ No
18.	Is the applicant a Retail Pharmacy Drug Wholesale Distributor? (If yes, provide a copy of the Community Pharmacy Permit issued to the new address.)	☐ Yes ☐ No
19.	Do you agree to submit a photocopy of your municipal occupational license for the new address upon your receipt? (If local government will not issue an occupational license to your establishment, submit a letter from the city or county government stating one is not needed.)	☐ Yes ☐ No
20.	Effective Date of Change:____________________________	

Section IV – Affidavit

AFFIDAVIT	
Pursuant to s. 559.79, F.S., each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law. Pursuant to s. 559.791, F.S., any license issued by the Department of Business and Professional Regulation which is issued or renewed in response to an application upon which the person signing under oath or affirmation has falsely sworn to a material statement, including, but not limited to, the names and addresses of the owners or managers of the licensee or applicant, shall be subject to denial of the application or suspension or revocation of the license, and the person falsely swearing shall be subject to any other penalties provided by law. I understand that the issuance of a permit by the department only authorizes the applicant to conduct regulated activities in the state of Florida under the name in which the permit is issued. If the permit is issued in the name of a dba the applicant may only conduct business in Florida in the name of the dba. I further understand that providing additional dba names to the department as part of the application process is not, upon licensure, an authorization to conduct business in Florida under the name of those additional dba's. I certify that I am empowered to execute this application as required by s. 559.79, F.S. I understand that my signature on this application has the same legal effect as if made under oath. To the best of my knowledge, all information contained on this application is true and correct. I understand the falsification of any information on this application may result in administrative action, including a fine, suspension, or revocation of the license.	
Signature of Owner or Officer:	Date:
Print Name:	Title:

Mail completed application to:
Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-1047