



# STATE OF MAINE BOARD OF PHARMACY

**Application and applicant information to assist  
in completing your application**

**Retail Supplier of Medical Oxygen  
and Oxygen Devices**

**Do not return the following informational pages with your  
application; it is for your information only**

Department of Professional and Financial Regulation  
Office of Professional and Occupational Regulation  
(Mailing address) 35 State House Station, Augusta, ME 04333  
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8620 or Main Receptionist (207) 624-8603  
TTY/Hearing Impaired 1-888-577-6690  
FAX (207) 624-8637

Web address: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)  
Email: [pharmacy.lic@maine.gov](mailto:pharmacy.lic@maine.gov)

## INFORMATIONAL

- ✓ Receipt of your application does not constitute entitlement to do business in Maine. While applications are logged in as ‘pending’ this does not mean a license has been issued. You must hold an active license in order to begin to do business in Maine. Processing time depends greatly on the completeness of your application.
- ✓ Please do not call our office regarding the status of your application as numerous calls will delay the timeliness of processing applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation’s website [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). We appreciate your thoughtful attention to this request.
- ✓ If there is an urgent need to contact us, please be advised that we will only discuss your application with the contact person named in the application to avoid miscommunications. This is done not only for your protection, but to also avoid any complications with too many hands involved, which generally leads to miscommunication or misunderstandings. Our goal is to streamline your process, not complicate it.
- ✓ Once your license is issued it is immediately visible online with an “active” status and you may begin to operate. Please be advised that licenses are printed off site and require at least 14 business days for delivery.
- ✓ Incomplete applications or documents that have been modified or altered in any way, including use of a white out substance will not be accepted and will be returned.

## LAW AND BOARD RULE REFERENCE

Information contained in this application is not a substitute for carefully reviewing applicable laws and rules. You may obtain a copy of the laws and board rules online at [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)—click on ‘professions and occupations’ then scroll to and click on ‘pharmacy’ which will bring you to the Board of Pharmacy web page.

Pursuant to Board Rules, Chapter 34, Section 3:

“The board may issue a temporary license as a retail supplier of medical oxygen upon receipt of an application for licensure submitted pursuant to Section 4 of this chapter. The application must demonstrate the applicant’s prima facie eligibility for licensure. The temporary license expires 90 days from the date of issuance. Within the first 60 days of temporary licensure, a temporary licensee shall complete the application to the satisfaction of the board. The board will act on timely-completed applications for licensure within the 90-day period of the temporary license.”

A temporary license will expire 90 days from the date of issuance. This is not a permanent license. This is solely intended to temporarily approve your application pending completion if it is not complete when initially submitted. If applications are not fully completed to the Boards satisfaction within the 90 day period your application for a permanent license will be denied. **We strongly encourage you to file a fully completed application to avoid processing delays to obtain a permanent license.**

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

#### Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required documents for this application
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
COMPANY APPLICATION**

APPLICANT INFORMATION (please print)			
NAME OF RETAIL SUPPLIER OF MEDICAL OXYGEN AND OXYGEN DEVICES			
FEIN OR SSN			
PHYSICAL LOCATION			
CITY	STATE	ZIP	COUNTY
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # (    )		FAX # (    )	
PERSON RESPONSIBLE FOR COMPLETING AND SUBMITTING APPLICATION (must be an owner or officer of the entity)			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
<b>SIGNATURE</b>		<b>DATE</b>	

**Board of Pharmacy**  
**Retail Supplier of Medical Oxygen and Oxygen Devices**  
**Required Fee: \$200.00 (Non-Refundable)**

*Office Use Only:*  
MGD1421 - \$200.00

*Office Use Only:*  
Check # \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash # \_\_\_\_\_  
Lic. # \_\_\_\_\_  
Issue Date \_\_\_\_\_  
Exp. Date \_\_\_\_\_

<b>PAYMENT OPTIONS:</b> Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print) <i>FIRST</i> <i>MIDDLE INITIAL</i> <i>LAST</i>			
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD    the following amount: \$ _____			
Card number: <i>XXXX-XXXX-XXXX-XXXX</i>		Expiration Date <i>mm / yyyy</i>	
<b>SIGNATURE</b>		<b>DATE</b>	

**SECTION 1: TYPE OF APPLICATION**

- Initial Application       Change of Ownership       Change of Location

Date of change \_\_\_\_\_

Previous License Number: \_\_\_\_\_  
(this license will be terminated upon issuance of new license)

**Important, please read:** Refer to 32 MRSA §13752, Sec. 3. Please note that a license is not transferrable to another owner or a new location and is subject to a new application and licensure before you begin to operate under new ownership or in a new location.

**SECTION 2: APPLICATION CONTACT PERSON** *(person responsible for completing and submission of application must be an owner or officer of the entity).*

Last Name	First Name	Middle Name
Title		

Name of Retail Supplier of Medical Oxygen and Oxygen Devices	
Facility Telephone Number	Facility Fax Number
(    )	(    )
Facility E-mail Address	Facility Web Address
All Trade Names or Business Names of the Facility	

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INITIALS OF APPLICANT

**SECTION 3: Person Responsible for Emergency Contact for Operation of the Retail Supplier of Medical Oxygen or Oxygen Devices:**

Last Name		First Name		Middle Name
Job Title				
Contact Address		City	State	Zip Code
Telephone Number		Emergency Contact Telephone		
(    )				
E-mail Address				

**SECTION 4: Hours of Operation: Denote am/pm.**

Day	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**SECTION 5: Scaled Drawing of the Facility**

Scaled drawing of the facility which details the usage of each area. Please limit the copy of the scaled drawing plan to an 8x11 or 8x14 paper size if possible. This would include storage area(s) that may or may not be attached to the physical building but is part of the overall facility.

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INITIALS OF APPLICANT

**SECTION 6: OWNERSHIP.** Please check one and complete the appropriate block below.

- Sole Proprietor (*complete section A*)
- Partnership (*complete section B*) - If your partnership consists of 2 or more corporations, you must submit a list of officers and an organizational chart.
- Corporation or Limited Liability Company (LLC) (*complete section C*) - If you are a corporation, which includes LLC, you must submit a Certificate of Existence from the State of origin. For Corporations not organized under Maine law, a Certificate of Authority from the Maine Secretary of State is required. For assistance, call (207) 624-7752. Please be aware the application to file for a certificate

Section A - Sole Proprietor: (Please type or print legibly)			
Owner Last Name	First Name	Middle Name	
Social Security Number			
Name of Business Entity			
Contact Address	City	State	Zip Code
Telephone Number	Fax Number		
(     )	(     )		
E-mail Address			
Website Address			

of existence is not evidence of having been issued a Certificate of Authority.

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INITIALS OF APPLICANT

**Section B - Partnership:** List the name and address of each partner (please type or print legibly).  
 Please see Chapter 34, Sec. 4(1)(C)(1) (If you need more space please use separate sheet)

**PARTNERSHIP INFORMATION:**

Name of partnership

Contact Address	City	State	Zip Code
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Telephone Number	FEIN Number
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(      )

E-mail Address

**NAME AND CONTACT INFORMATION OF EACH PARTNER**

<b>Person</b> Last Name	First Name	Middle Name	
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Contact Address	City	State	Zip Code
-----------------	------	-------	----------

E-mail Address	Telephone number
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(      )

<b>Person</b> Last Name	First Name	Middle Name	
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Contact Address	City	State	Zip Code
-----------------	------	-------	----------

E-mail Address	Telephone number
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(      )

<b>Company</b> Last Name	FEIN Number
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Contact Address	City	State	Zip Code
-----------------	------	-------	----------

E-mail Address	Telephone number
----------------	------------------

(      )

<b>Company</b> Last Name	FEIN Number
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Contact Address	City	State	Zip Code
-----------------	------	-------	----------

E-mail Address	Telephone number
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(      )

\_\_\_\_\_ INITIALS OF APPLICANT



**SECTION 6-C (Con't): OWNERSHIP** Please see Chapter 34, Sec. 4(1)(C)(2)

Is this corporation's stock traded on a major stock exchange and not over-the-counter

YES  NO  If, no complete the section below—List the name and contact address of each shareholder owning 10% or more of the voting stock of the corporation, including over-the-counter stock. Use a separate sheet of paper if needed.

1. Last Name		First Name		Middle Name	
Address		City		State	Zip Code
E-mail Address			Telephone Number		
			( )		

2. Last Name		First Name		Middle Name	
Address		City		State	Zip Code
E-Mail Address			Telephone Number		
			( )		

3. Last Name		First Name		Middle Name	
Address		City		State	Zip Code
E-Mail Address			Telephone Number		
			( )		

4. Last Name		First Name		Middle Name	
Address		City		State	Zip Code
E-Mail Address			Telephone Number		
			( )		

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INITIALS OF APPLICANT

**SECTION 7: OFFICER(S) AND DIRECTOR**

1. Last Name	First Name	Middle Name	
Title			
Address	City	State	Zip Code

2. Last Name	First Name	Middle Name	
Title			
Address	City	State	Zip Code

3. Last Name	First Name	Middle Name	
Title			
Address	City	State	Zip Code

4. Last Name	First Name	Middle Name	
Title			
Address	City	State	Zip Code

\_\_\_\_\_ INITIALS OF APPLICANT

**SECTION 8: DISCLOSURE**

<p>Have you or has any corporate officers, owners, or the designated officer of this entity been convicted of any criminal offense? If yes:</p> <ol style="list-style-type: none"><li>1. Provide a <u>detailed explanation</u> in the offender's own words on a separate sheet of paper.</li><li>2. Attach a copy of the <u>Court Judgment and Decision</u>.</li><li>3. If a motor vehicle criminal offense, attach a copy of a recent motor vehicle report.</li></ol>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has any state or territory of the U.S., province/territory of Canada, or any other jurisdiction EVER denied your application for any type of examination, professional license, certificate or registration, <b>or</b> taken any disciplinary action against the license issued to you in that jurisdiction (including, but not limited to, warning, reprimand, fine, suspension, revocation or restrictions in permitted practice, probation with or without monitoring)? If yes:</p> <ol style="list-style-type: none"><li>1. List the jurisdiction(s) that denied your license or issued discipline and date of action: State/Jurisdiction _____ Date _____ State/Jurisdiction _____ Date _____</li><li>2. <u>Submit a copy of the consent agreement or decision and order for each of the above, with this application.</u></li><li>3. Provide a detailed explanation in your own words on a separate sheet of paper.</li></ol>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has <u>this entity</u> ever been denied registration by the U.S. Drug Enforcement Administration (DEA) or has this entity ever had a DEA Registration modified, restricted, suspended or revoked? Has any state or province denied, restricted, modified, suspended or revoked this entity's state permit to prescribe or dispense controlled substances? If yes:</p> <ol style="list-style-type: none"><li>1. DEA action <u>OR</u> Other Entity (Name) _____</li><li>2. Submit a copy of the official action by the entity.</li><li>3. Provide a detailed explanation in your own words on a separate sheet of paper.</li></ol>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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INITIALS OF APPLICANT

## **SECTION 9: NOTICES**

### **Change of Ownership, Location or Application Information (Board Rules, Chapter 34, Section 4(5))**

Upon a change of ownership, a retail supplier of medical oxygen shall file a new application with the board no less than 7 days prior to the change. Upon a change of location, a retail supplier of medical oxygen shall file a new application with the board no less than 7 days prior to the change. The licensee shall notify the board of any other change in the information provided on its application within 10 days after the change.

### **Compliance With Current Good Manufacturing Practices (Board Rules, Chapter 34, Section 8)**

Please familiarize yourself with the compliance with current good manufacturing practices.

### **Public Information**

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRS §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website.

### **10 Day Notification Requirement**

This applicant/licensee must report in writing to the Board the following information no later than 10 days after the change or event, as the case may be:

- a. Change of name or address of the licensee;
- b. A criminal conviction of the licensee or anyone listed on this application as having an ownership interest in the licensee;
- c. A revocation, suspension, or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant/licensee or anyone listed on this application as having an ownership interest in the licensee; or
- d. Any material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

### **Notice Regarding Social Security Number Disclosure**

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRS section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

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INITIALS OF APPLICANT

**RETAIL SUPPLIER OF MEDICAL OXYGEN AND OXYGEN DEVICES—Checklist affirmation**

Please check mark each box to affirm that you have enclosed the information and documents required for this application. This affirmation checklist does not replace the requirements outlined in the Board of Pharmacy Laws and Rules. Please review them carefully for more detailed and clarifying information. This checklist is designed as a tool to confirm that your application is complete and ready to forward to our office.

CHECKLIST—please checkmark as an indicator that you have completed the following.

- Each section of the application has been completed.
- Each page of the application, where noted at the bottom, has been initialed.
- Signature present where noted.
- Check made payable to: Treasurer State of Maine in the amount of \$200.00 is enclosed, or Credit card authorization completed.
- Company’s organizational chart.
- A copy of the consent agreement or order issued by the Board or jurisdiction is enclosed if licensure discipline has been indicated.
- A copy of the Court Judgment and Decision is enclosed if convicted of a crime, including a written statement, in the offender’s own words, regarding the details of the crime.
- If you are a corporation, which includes LLC, you must submit a Certificate of Existence from the State of origin. For Corporations not organized under Maine law, a Certificate of Authority from the Maine Secretary of State is required. For assistance, call (207) 624-7752. Please be aware the application to file for a certificate of existence is not evidence of having been issued a Certificate of Existence.

**SECTION 10: APPLICANT’S CERTIFICATION AND SIGNATURE**

Read the statement below and sign where indicated as your certification of the information provided on this application.

By my signature, I hereby certify that the information provided on this application and in accompanying documents is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Maine Board of Pharmacy will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false. I also acknowledge that an incomplete, altered, defaced, including use of white out, or compromised application will not be accepted and will be returned and fees forfeited. This includes, but not limited to, unanswered questions, lack of appropriate signature, illegible, missing supporting documents, and/or missing or wrong fee.

Printed Name of Applicant	Title
Signature of Applicant	Date