Renovation/Expansion Request for Board Approval

<table>
<thead>
<tr>
<th>Name of Pharmacy:</th>
<th>Drug Store Permit #</th>
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<tbody>
<tr>
<td>Pharmacy Address:</td>
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<tr>
<td>Pharmacy Telephone:</td>
<td>Pharmacy Email:</td>
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<tr>
<td>Manager of Record:</td>
<td>MOR License #:</td>
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What is the purpose for this renovation/expansion?

Describe all the changes that will take place to the pharmacy in this renovation/expansion. (Attach an additional sheet if needed.)

Will the square footage of the pharmacy be changed with this renovation? _______ If yes, please explain.

Projected dates for this expansion/renovation?

As the Manager of Record, I understand that:

1. It is my sole duty to assure that adequate measures are in place to maintain the security of all controlled substances at all times during the renovation/expansion.
2. This renovation cannot begin until approved by the Board of Registration in Pharmacy.
3. It is my responsibility to comply with all state/local building codes as they relate to this facility,
4. a certified blueprint or certified floor plan reflecting the renovations/expansion is submitted with this application.

Manager of Record Signature ___________________________ Date _____________