



MISSISSIPPI

State Board of Pharmacy

Street Address:

6360 J- 55 North

Suite 400

Jackson, MS 39211

Phone: 601-899-8880 Fax: 601-899-8851

APPLICATION FOR UNUSED/UNNEEDED MEDICATION DONATION PERMIT

No Fee

Business Name: _____

e-mail address: _____

Street Address: _____

County: _____

Mailing Address: _____

Fax: _____

City, State, Zip: _____

Telephone: _____

Check One: Renewal Original Permit Change/ Location Change/ Name Change/Responsible Person

Principal Business Activity: Assisted Living Long Term Care Facility

Controlled Substance Registration # of Facility: _____

Supplies unused/unneeded meds to: _____

Applicant's Name printed _____

Applicant's Signature _____

E-mail Address: _____

OFFICE USE ONLY

PHARMACY PERMIT NUMBER: _____

FILE NUMBER: _____

DATE ISSUED: _____

RECEIPT NUMBER: _____