

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

**Application for Temporary Permit due to Change of Physical Location
Form No.: DBPR-DDC-247
[3028 Transaction Code]**

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

APPLICATION	APPLICATION REQUIREMENTS
<p>Application for Temporary Permit due to Physical Location Change</p>	<p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> If applicant is licensed as a Retail Pharmacy Drug Wholesale Distributor; provide a copy of the Community Pharmacy permit issued to the new address.</p> <p><input type="checkbox"/> Sign and date the Affidavit section of the application.</p> <p>When an establishment that is required a permit pursuant to Chapter 499, F.S. submits an application to the department for a change of physical location with the required fees under this subsection, the establishment may also submit a request for a temporary permit granting the establishment authority to operate for no more than 90 calendar days. The establishment must obtain authorization to operate with the temporary permit before operating at the new location. Upon authorization of the temporary permit, the existing permit at the location for which the temporary permit is submitted is immediately null and void. A temporary permit may not be extended and shall expire and become null and void by operation of law without further action by the department at 12:01 a.m. on the 91st day after the department authorizes such permit. Upon expiration of the temporary permit, the establishment may not continue to operate under such permit.</p>
	<p>Submit the completed application with enclosures to: Department of Business and Professional Regulation Division of Drugs, Devices, and Cosmetics 2601 Blair Stone Road Tallahassee, FL 32399-1047</p>

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

**Application for Temporary Permit due to Physical Location Address Change
 Form No.: DBPR-DDC-247**

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.
<input type="checkbox"/> Temporary Permit due to Change in Physical Location Application [3028 Transaction Code]

Section II – Applicant Information

APPLICANT INFORMATION		
List Existing Permit/Registration Number(s):		
Federal Tax Identification Number:		
FULL LEGAL BUSINESS NAME		
Applicant's Full Legal Business Name:		
<div style="text-align: center;">FICTITIOUS, TRADE OR BUSINESS NAME (only if applicant intends to operate under a name different from full legal name)</div>		
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			
The application contact is the person that the department will contact if there are questions regarding the responses provided on, or the documentation submitted with, the application. This should be the same information submitted on your Change of Physical Location Application.			
Last/Surname:	First:	Middle:	Suffix:
Address:			
City:		State:	Zip Code (+4 optional):
Telephone Number:		Fax Number:	
E-Mail Address:			

Section III - Questionnaire

IF THE ESTABLISHMENT IS LOCATED IN THE STATE OF FLORIDA, ANSWER QUESTIONS BELOW.		
1.	Is the new address a residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is the new address located in a residential area?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 a list to include the permit name(s), permit number(s), type of permit(s) and expiration date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	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 issued in the applicant's name. The report must also indicate no violations.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

5.	Does the new address comply with the permitting requirements for storage, temperature and security for prescription drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A, does not take possession of prescription drugs.
6.	Is the applicant a Retail Pharmacy Drug Wholesale Distributor? (If yes, provide a copy of the Community Pharmacy Permit issued to the new address.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Explain why you are applying for a temporary change in physical location permit. (Attach additional sheet if additional space is required.)	
8.	Has the Change of Physical Location Application been submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Provide the date the Change of Physical Location Application was submitted to our office.	____ / ____ / ____
10.	Do you understand upon issuance of a temporary permit to the new physical location address the existing permit at the current physical establishment address will no longer be valid and that after 90 days the authority to act on the temporary permit ceases to exist and that firm cannot continue to operate under temporary permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Effective Date of Move to New Physical Location	____ / ____ / ____

Section IV – Affidavit

AFFIDAVIT	
<p>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.</p>	
<p>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.</p>	
<p>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.</p>	
<p>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.</p>	
<p>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.</p>	
Signature of Owner or Officer:	Date:
Print Name:	Title:

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.

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