



# Arkansas State Board of Pharmacy

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John Clay Kirtley, Pharm.D., Executive Director



## Inspection Request Form

If your pharmacy is moving to a new location, please complete this form and send it to the Arkansas State Board of Pharmacy office at least two weeks before the desired inspection date.  
(If you are opening a new pharmacy, complete a new pharmacy application.)

**Inspection Fee: \$100.00**

**Store (Facility) Name:** \_\_\_\_\_

**Facility License No.:** \_\_\_\_\_

**Current Location:**  
(street, city, zip code)

**Current Phone:** ( )

**Current Fax:** ( )

**New Location:**  
(street, city, zip code)

**New Phone:** ( )

**New Fax:** ( )

**Mailing Address:**  
(if different than above)

**Is the pharmacy located in a building owned by the pharmacy owners?**  
If No, please attach a copy of the lease.

YES

NO

**Date the pharmacy will be ready for inspection:** \_\_\_\_\_

**Date for the planned opening of the pharmacy:** \_\_\_\_\_

Person with whom the Arkansas State Board of Pharmacy may communicate with regarding this request:

**Name:** \_\_\_\_\_

**Phone:** ( )

**Email:** \_\_\_\_\_

I hereby request that an inspector for the Arkansas State Board of Pharmacy inspect my pharmacy. I certify that all the signs which indicated that the building is a pharmacy will be removed from the old pharmacy location as soon as the new pharmacy location is occupied if the change is from one location to another. (It is understood that signs will not be removed from buildings where the change of location of the pharmacy is within the same building.)

**Name of owner and/or Pharmacist in Charge:** \_\_\_\_\_

**Signature of owner and/or Pharmacist in Charge:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Mail this form and the application fee of \$100.00 to:

**Arkansas State Board of Pharmacy, 322 South Main Street, Suite 600, Little Rock, AR 72201**

**FOR OFFICE USE ONLY**

**Fee Submitted: \$100 Check No.:** \_\_\_\_\_