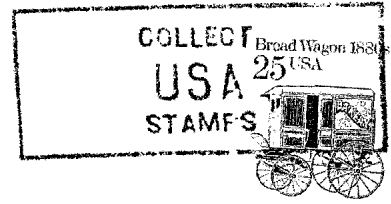
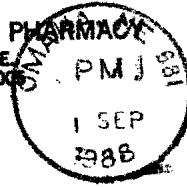




OLDE TOWNE PHARMACY
105 E. MISSION AVE.
BELLEVUE, NE 68005



RECEIVED

SEP 2 1988

BUREAU OF EXAMINING BOARDS
LINCOLN, NEBRASKA

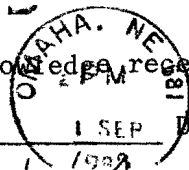
DEPARTMENT OF HEALTH

Bureau of Examining Boards

Post Office Box 95007

Lincoln, Nebraska 68509-5007

This is to acknowledge receipt of my ~~License~~ ^{Pharmacy Permit} Certificate
No. 1993 Dated 1 SEP 1993
to practice Olde Towne Pharmacy
(Name of Profession)



Alicia C. Vander Bock
(Signature)

Address:



OLDE TOWNE PHARMACY
105 E. MISSION AVE.
BELLEVUE, NE 68008

Zip

Complete, stamp and mail.

DCH



STATE OF NEBRASKA

DEPARTMENT OF HEALTH

KAY A. ORR
GOVERNOR

GREGG F. WRIGHT, M.D., M.Ed.
DIRECTOR

August 9, 1988

Alicia C. Vanden Bosch, R.P.
Olde Towne Pharmacy
105 East Mission Avenue
Bellevue, NE 68005

Dear Ms. Vanden Bosch:


Your Nebraska Permit to conduct the Pharmacy designated below has been issued and will be forwarded to you as soon as the necessary signatures have been secured. Your Permit number is 1993.

Olde Towne Pharmacy
105 East Mission Avenue
Bellevue, Nebraska

L. Harrison Carhart, Owner
Alicia C. Vanden Bosch, R.P., Pharmacist in Charge

Pending the receipt of your Permit you may regard this letter as official notice that your Permit has been issued and that you are authorized to operate the above pharmacy.

Sincerely,


Helen L. Meeks, Director
Bureau of Examining Boards

dlh

Enclosure

NEBRASKA DEPARTMENT OF HEALTH
BUREAU OF EXAMINING BOARDS
APPLICATION FOR PERMIT TO OPERATE A PHARMACY
FOR PHARMACISTS AND MEDICAL PRACTITIONERS

INSTRUCTIONS

The pharmacy owners including individuals, medical practitioners, partners or corporations must file this application with the Nebraska Department of Health, Board of Examiners in Pharmacy in order to obtain a permit to operate a pharmacy in Nebraska. LB 476, passed by the 1983 Legislature, requires medical practitioners who regularly dispense prescription drugs to obtain a permit to operate a pharmacy. Pharmacy owners must name a registered pharmacist who will be responsible for all transactions within the pharmacy. If this pharmacist resigns, retires or otherwise severs his/her position in the pharmacy, the permit will automatically be suspended. A new application must be completed once another pharmacist has been designated before the permit will be reinstated. Mail this completed form and any appropriate fee to the address below. A separate form must be completed for each unique pharmacy location.

NAME OF CORPORATION (if applicable):

NAME OF ALL OWNER(S), PARTNERS OR CORPORATE OFFICERS <u>Lee</u> <u>Lorey Harrison Carhart</u>	MEDICAL PRACTITIONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
---	---

PHARMACY NAME AND COMPLETE ADDRESS <u>Olde Towne Pharmacy</u> <u>105 East Mission Avenue</u> <u>Bellevue, Nebraska 68005</u>	DAYS AND HOURS OPEN FOR BUSINESS <u>Mon, Tues, & Wed - 9 am to 6 pm</u> <u>Thurs & Fri - 9 am to 5 pm</u> <u>Saturday - 9 am to 1 pm</u>
PHONE NUMBER -- <u>(402) 291-1181</u>	

NAME OF REGISTERED PHARMACIST (OR MEDICAL PRACTITIONER) WHO WILL BE IN CHARGE OF PHARMACY <u>Alicia C. Vanden Bosch, Pharm. L.</u>	LICENSE NUMBER <u>10220</u>
---	--------------------------------

I DECLARE THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGN HERE: *Lorey Carhart*
OWNER/APPLICANT

Alicia C. Vanden Bosch
TITLE

7-30-88
DATE

I DECLARE THAT I AM THE REGISTERED PHARMACIST (OR MEDICAL PRACTITIONER) WHO WILL BE IN CHARGE AND RESPONSIBLE FOR ALL TRANSACTIONS WITHIN THE PHARMACY.

08/03/88 2:05PM 000A#4057 ***

LOWE /
753114 \$25.00
CHECK \$25.00

SIGN HERE: *Alicia C. Vanden Bosch*
REGISTERED PHARMACIST (OR MEDICAL PRACTITIONER)

PERMIT FEES	AGENCY USE ONLY
Original Permit.....\$ 150.00	Application Date <u>8-3-88</u>
Permit, Transfer of Ownership..... 150.00	Date Permit Issued <u>8-9-88</u>
Permit, Change of Location..... 25.00	Permit Number <u>1993</u>
<input checked="" type="checkbox"/> Amended Permit, Change of Pharmacist..... 25.00	
Amended Permit, Original Owner to Heirs or Estate..... 25.00	
Amended Permit, Change in Name Only..... 25.00	

THE PREVIOUS PERMIT MUST BE RETURNED WITH THIS APPLICATION (8 1/2" by 11")
Application, fee and previous permit must be submitted to the following address:

CASHIER'S OFFICE
DEPARTMENT OF HEALTH
P.O. BOX 94925
LINCOLN, NE 68509-4925

Our office address for correspondence only is: BUREAU OF EXAMINING BOARDS,
P.O. BOX 95007, LINCOLN, NE 68509 PHONE NUMBER (402) 471-2115



OLDE TOWNE PHARMACY

105 East Mission Avenue
Bellevue, Nebraska 68005
(402) 291-1181

JUL 29 1988

~~JUL 29 1988~~

State of Nebraska Department of Health
Bureau of Examining Boards
P.O. Box 95007
Lincoln, Nebraska 68509

Attn: Mr. Jerry Graves

Dear Mr. Graves:

This is to notify you that Linda M. Wynn will no longer be working for Olde Towne Pharmacy as pharmacist in charge as of ~~July~~ ^{JUNE} 30, 1988. Thank you.

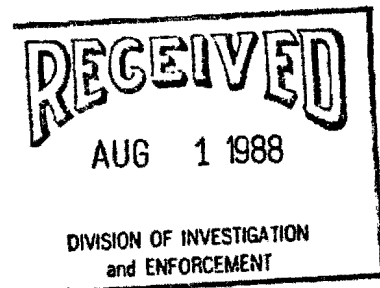
Sincerely,

Leroy H. Carhart, M.D.

LHC/av

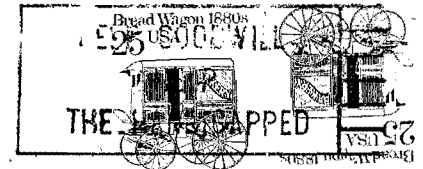
8-2-88
Debbie
Let me know the date the permit was corrected.

GRAVES



OLDE TOWNE PHARMACY

105 East Mission Avenue
Bellevue, Nebraska 68005



CASHIER'S OFFICE
DEPARTMENT OF HEALTH
P. O. BOX 94925
LINCOLN, NE 68509-4925

1305

OLDE TOWNE PHARMACY
 105 E. Mission, Bellevue, Ne. 68005
 (402) 291-1181 Dr.

DATE: RX#: PT#:
 FOR:

Controlled Substances
 D.E.A. Reg. No. Applied for
 Expiration date
 State Reg. No. Applied for
 Owner & Address Olde Towne Pharmacy
105 East Mission Ave. Bellevue
 Authorized Signature Linda M. Wynn,
 Power of Attorney

Rx Containers & Labels
 Safety closure caps
 Light & tight protection
 Auxiliary labels
 Labels typed
 Labels affixed
 Contents labeled
 New containers utilized

SAT	IMP	UNS

Zip 68005 Phone 402-291-1181
 New Pharmacy Regular Inspection

Store Permit No. <u>1993</u>	PCF No. <u> </u>
Licenses on Display <u>Yes</u>	R.P. Sign <u>Header Ordered</u>
Owner, Reg. Pharmacists and Interns	Lic. No. Status
<u>Linda M. Wynn</u>	<u>10124</u> <u>RP</u>
<u>Lin</u>	<u> </u> <u> </u>

Controlled Substances Records
 Inventory Date NONE in stock
 Acquisition
 Form 222c completed
 Invoices properly maintained
 Prescriptions
 Patient name & address
 Prescriber name & address
 Prescriber DEA No.
 Date
 Prescriber signature-II
 R.P. signature & date-II
 Refill authorizations-III-V
 Refill initialled
 Five refills or six mo.-III-IV
 Frequency of refills-III-V
 Letter "C" stamp
 "Transfer" label utilized
 Distribution records
 Method of filling Rx's 3 files
CA + CA, IV, V + legend
 Computer Utilized
 Type will purchase
 Central Record Keeping Permit No. NONE

SAT	IMP	UNS

Regulatory Requirements
 Lighting
 Ventilation, A.C. & heating
 Sanitation & cleanliness
 Neatness
 Sink
 Current USP/NF & Supplements
 Rev. No. Serial No. USPDI 85
 Current Merck Manual Ed.
 Current Remington 17 Ed.
 Pharmacology text F&C (87)
 Medical Dictionary
 Security Booklet
 Drug Interaction Reference
 Poison Control Phone No.
 State Statutes & Regs.
 Minimum Equipment list
 Class "B" Balance Ser. No. 70596
 Metric or Apothecary Weights
 Refrigerator adequate & sanitary

SAT	IMP	UNS

Pharmacy Practice Comm. Hosp. Prof.
 Store Hours 9-6 M-F
 R.P. Hours 9-6 M-F
 Auxiliaries NONE
 Hosp. - N.H. Consultant NONE

Inventory Controls
 Dating of Biologicals
 Dating of Drugs
 Dating of Prophylactic
 Misbranded Drugs
 Cleanliness & orderliness
 C.S. destroyed Date new
 Poison Register Do NOT USE
 Unit Dose System utilized
 Type Bottle

SAT	IMP	UNS

Security
 Building perimeter
 Pharmacy department
 R.P. Duty Sign utilized
 Sched. II dispersed - locked
 Sched. III-V properly dispersed
 Alarm system
 Type NONE

SAT	IMP	UNS

Regular Prescription File
 Record of refills
 Frequency of refills
 Refill authorizations

SAT	IMP	UNS

Corrections Ordered:
purchase metric weights

Recheck inspect
 Has an effort been made to comply with previous inspection deficiencies? yes no

Inspection: Passed Incomplete Failed
 Violation Warning Notice Issued

I have had this Inspection Report explained to me and understand what corrections must be made to comply therewith.
1-21-88 Linda M. Wynn R.P.
 date Registered Pharmacist
Jerry A. Hoover R.
 Pharmacy Inspector

RECEIVED



FEB 16 1988 DEPARTMENT OF HEALTH

BUREAU OF EXAMINING BOARDS of Examining Boards
LINCOLN, NEBRASKA
Post Office Box 95007

Lincoln, Nebraska 68509-5007

NATIONAL
CHILDREN'S
DENTAL HEALTH WEEK



Pharmacy Permit

This is to acknowledge receipt of my License/Certificate

No. 1993 Dated 1-14-88

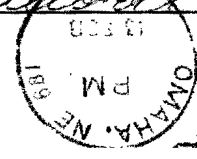
to practice Olde Towne Pharmacy
(Name of Profession)

Linda Wynn R.P.
(Signature)

Address: 105 E Mission Ave

Bellevue, NE 68005
Zip

Complete, stamp and mail.
Give
The United Way





STATE OF NEBRASKA

DEPARTMENT OF HEALTH

KAY A. ORR
GOVERNOR

GREGG F. WRIGHT, M.D., M.Ed.
DIRECTOR

January 14, 1988

Linda M. Wynn, R.P.
Olde Towne Pharmacy
105 East Mission Avenue
Bellevue, NE 68005

Dear Ms. Wynn:

Your Nebraska permit to conduct a pharmacy, number 1993, has been issued and will be held pending an initial inspection by Jerry Graves, R.P.

The permit has been issued as follows:

Olde Towne Pharmacy
105 East Mission Avenue
Bellevue, Nebraska

L. Harrison Carhart, Owner
Linda M. Wynn, R.P., Pharmacist in Charge

Please notify our office when your pharmacy will be ready for the initial inspection.

Sincerely,

Helen L. Meeks, Director
Bureau of Examining Boards

dh

Enclosure

cc: Jerry Graves, R.P.

inspected 1-21-88

NEBRASKA DEPARTMENT OF HEALTH
APPLICATION FOR PERMIT TO OPERATE A PHARMACY
FOR PHARMACISTS AND MEDICAL PRACTITIONERS

INSTRUCTIONS

The pharmacy owners including individuals, medical practitioners, partners or corporations must file this application with the Nebraska Department of Health, Board of Examiners in Pharmacy in order to obtain a permit to operate a pharmacy in Nebraska. LB 476, passed by the 1983 Legislature, requires medical practitioners who regularly dispense prescription drugs to obtain a permit to operate a pharmacy. Pharmacy owners must name a registered pharmacist who will be responsible for all transactions within the pharmacy. If this pharmacist resigns, retires or otherwise severs his/her position in the pharmacy, the permit will automatically be suspended. A new application must be completed once another pharmacist has been designated before the permit will be reinstated. Mail this completed form and any appropriate fee to the address below. A separate form must be completed for each unique pharmacy location. For reapplications, the previous permit must be returned with this application.

Name of Corporation (if applicable):

CLLE TOWNE PHARMACY

Name of All Owner(s), Partners or Corporate Officers

L. Harrison Carhart

Medical Practitioner?

YES

NO

Pharmacy Name and Address (including street, city, zip code)

105

Clde Towne Pharmacy

105 E. Mission Ave, Bellevue, Ne 68005 M-F 9am 6pm

Days and Hours Open for Business

Name of Registered Pharmacist who will be in charge of Pharmacy (NOTE: Medical Practitioners need not complete this section)

Linda M. wynn, R.P.

R.P. License Number

10124

I declare that the statements on this application are true to the best of my knowledge and belief.

Sign Here: 

Owner/Applicant

OWNER

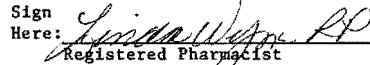
Title

January 7, 1983

Date

I declare that I am the registered pharmacist who will be in charge of and responsible for all transactions within the pharmacy.

01/11/88 8:28AM 0000#5951
DENISE/
753114 \$100.00
CHECK \$100.00

Sign Here: 
Registered Pharmacist

PERMIT FEES

AGENCY USE ONLY

Original Permit.....\$100.00 (PLU #4734)
Permit, Transfer of Ownership..... 50.00 (PLU #4634)
Permit, Change of Location..... 10.00 (PLU #4534)
Amended Permit (change of pharmacist).. 10.00 (PLU #4534)
Amended Permit (original owner to heirs or estate)..... 10.00 (PLU #4534)
Amended Permit (change in name only)... 10.00 (PLU #4534)

Application Date
1-11-88
Date Permit Issued
1-14-88
Permit Number
1993

THE PREVIOUS PERMIT MUST BE RETURNED WITH THIS APPLICATION (the 8 1/2" by 11")
Application, fee and previous permit must be submitted to the following address:

CASHIER'S OFFICE
DEPARTMENT OF HEALTH
P.O. BOX 94925
LINCOLN, NE 68509-4925


Our office address for correspondence only is:
Bureau of Examining Boards, P.O. Box 95007, Lincoln, NE 68509
Phone Number (402) 471-2115

APPLICATION FOR REGISTRATION - NEBRASKA CONTROLLED SUBSTANCE CERTIFICATE

SCHEDULES II, IIN, III, IIIN, IV, V

"Every person who manufactures, prescribes, distributes, administers, or dispenses any controlled substance within this state or who proposes to engage in the manufacture, prescribing, administering, distribution, or dispensing of any controlled substance within this state, shall obtain annually, a registration issued by the Bureau of Examining Boards, Department of Health, in accordance with the rules and regulations . . ."

PLEASE PRINT OR TYPE PLAINLY

NAME OLIE TOWNE PHARMACY	(BUREAU OFFICE USE ONLY) FEDERAL/DEA 
NEBRASKA BUSINESS ADDRESS 105 East Mission Ave Bellevue, Nebraska 68005	NEBRASKA LICENSE NUMBER <i>permit 1993</i>
Bellevue CITY NE 68005 ZIP CODE	YOUR NEBRASKA LICENSE NUMBER MUST BE CURRENT IN ORDER TO OBTAIN A NEBRASKA CONTROLLED SUBSTANCE REGISTRATION.

Name and address listed above should correspond with the information listed on the Federal DEA application and/or certificate.

REGISTRATION CLASSIFICATION AND TYPE OF BUSINESS ACTIVITY:

CHECK ONLY ONE. A SEPARATE REGISTRATION MUST BE OBTAINED FOR EACH BUSINESS ACTIVITY IN WHICH ANY REGISTRANT PROPOSES TO ENGAGE.

- C. PRACTITIONER Annual Fee: \$10.00
Specify degree: M.D., D.D.S., D.P.M., D.V.M., D.O., Other _____
- D. COMMUNITY PHARMACY Annual Fee: \$10.00
This includes all retail and hospital pharmacies with pharmacy permits
- E. HOSPITALS Annual Fee: \$10.00
- G. TEACHING INSTITUTION Annual Fee: \$10.00
Registration as a teaching institution authorizes purchase and possession of Narcotic substances for instructional purposes only. Practitioners, teaching institutions or individuals within teaching institutions desiring to conduct research with any Schedule I substance or any Schedule II through V Narcotic substance must obtain a "Researcher" registration.

PLEASE NOTE THAT THE APPROPRIATE FEE MUST ACCOMPANY THIS APPLICATION FORM

ALL APPLICANTS MUST COMPLETE BOTH SIDES OF THIS APPLICATION FORM

BUREAU OF EXAMINING BOARDS OFFICE USE ONLY

APPROVAL LETTER RECEIVED FROM DEA 1-22-88 APPROVAL RETURNED TO DEA 2-3-88

TRANSFER LETTER RECEIVED _____ LETTER SENT TO DEA _____

REQUEST FOR DEA NUMBER SENT _____ NEBRASKA CSA NUMBER ISSUED 3-888

NEW
APPLICATION FOR REGISTRATION
UNDER
CONTROLLED SUBSTANCES ACT OF 1970

Please PRINT or TYPE all entries.

No registration may be issued unless a completed application form has been received (21 CFR 1301.21).

OLDE TOWNE PHARMACY

105 East Mission Ave

Bellevue, Ne 68005

CITY

STATE

ZIP CODE

RETAIN Copy 3. Mail Orig. and 1 copy with FEE to:

UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION

P.O. Box 28083

CENTRAL STATION

WASHINGTON, D.C. 20005

For INFORMATION, Call: 202 254 - 8255

See "Privacy Act" Information on reverse

THIS BLOCK
FOR DEA
USE ONLY

REGISTRATION CLASSIFICATION: Submit Check or Money Order Payable to the **DRUG ENFORCEMENT ADMINISTRATION** in the Amount of **\$ 60.00.**

(Specify Medical Degree, e.g.,
DDS, DO, DVM, MD, etc.)

1. BUSINESS ACTIVITY: (Check ONE only)

RETAIL PHARMACY

HOSPITAL/CLINIC

PRACTITIONER

TEACHING INSTITUTION
(Instructional purposes only)

FEE MUST
ACCOMPANY
APPLICATION

2. SCHEDULES: (Check all applicable schedules in which you intend to handle controlled substances. See Schedules on Reverse of Instruction Sheet.)

SCHEDULE II
 NARCOTIC

SCHEDULE II
 NONNARCOTIC

SCHEDULE III
 NARCOTIC

SCHEDULE III
 NONNARCOTIC

SCHEDULE IV

SCHEDULE V

3. CHECK HERE IF YOU REQUIRE ORDER FORMS.

4. ALL APPLICANTS MUST ANSWER THE FOLLOWING:

(a) Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying, under the laws of the State or jurisdiction in which you are operating or propose to operate?

Yes - State License Number(s) applied for

NOT APPLICABLE PENDING

(b) Has the applicant ever been convicted of a crime in connection with controlled substances under State or Federal law, or ever surrendered or had a DEA registration revoked, suspended or denied, or ever had a State professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation?

YES NO

(c) If the applicant is a corporation, association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substances under State or Federal law, or ever surrendered or had a DEA registration revoked, suspended or denied, or ever had a State professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation?

YES NO NOT APPLICABLE

IF THE ANSWER TO QUESTIONS 4(b) or (c) is YES, include a statement using the space provided on the REVERSE of this part.

5. CERTIFICATION FOR FEE EXEMPTION

CHECK THIS BLOCK IF INDIVIDUAL NAMED HEREON IS A FEDERAL, STATE, OR LOCAL OFFICIAL.

The Undersigned hereby certifies that the applicant herein is an officer or employee of a Federal, State or local agency who, in the course of such employment, is authorized to obtain, dispense, or prescribe controlled substances or is authorized to conduct research, instructional activity or chemical analysis with controlled substances, and is exempt from the payment of this application fee.

Signature of Certifying Official

Date

Print or Type Name

Print or Type Title

Name of Institution or Agency

ATTACH CHECK HERE

Linda M. Wynn R.P.
Print or Type Name Here - Sign Below

(402) 29101181
Applicants Business Phone No.

Linda M. Wynn, R.P. in charge

SIGN HERE

Linda M. Wynn R.P.
Signature of applicant or authorized individual

1-8-88
Date

R.P. in charge

Title (If the applicant is a corporation, institution, or other entity, enter the TITLE of the person signing on behalf of the applicant (e.g., President, Dean, Procurement

WARNING: SECTION 843(a)(4) OF TITLE 21, UNITED STATES CODE, STATES THAT ANY PERSON WHO KNOWINGLY OR INTENTIONALLY FURNISHES FALSE OR FRAUDULENT INFORMATION IN THIS APPLICATION IS SUBJECT TO IMPRISONMENT FOR NOT MORE THAN FOUR YEARS, A FINE OF NOT MORE THAN \$30,000.00 OR BOTH.

Mail the Original and 1 copy with FEE to the above address. Retain 3rd copy for your records.

INSTRUCTION SHEET

If you intend to prescribe or dispense Controlled Substances, you must have a Nebraska Registration as well as a Federal Registration to do so.

We are enclosing both the Federal and State applications for registration. Please complete both applications and forward them to the proper authorities (as listed below) along with the appropriate fees.

Federal Application

United States Department of Justice
Drug Enforcement Administration
P.O. Box 28083
Central Station
Washington, DC 20005

State Application

Cashier's Office
Department of Health
P.O. Box 94925
Lincoln, NE 68509-4925

FEDERAL AND NEBRASKA CONTROLLED SUBSTANCE APPLICATIONS MUST CORRESPOND IN THEIR ENTIRETY. (INCLUDING BUSINESS ADDRESS AND DRUG SCHEDULES)

Upon the Federal Drug Enforcement Administration's receipt of your application, our office will receive a "verification request". We are asked to verify whether or not you have a Nebraska Controlled Substance registration application on file with our office and if you are currently licensed in the State of Nebraska to practice your profession. The Federal DEA office will not issue your DEA number until this verification is made.

When you receive your Federal DEA number, please detach and complete, in its entirety, the bottom of this sheet and return it to our office as soon as possible. We shall then finish processing your Nebraska Controlled Substance application and issue your Nebraska Controlled Substance Registration Certificate.

THE ANNUAL RENEWAL DATE OF YOUR NEBRASKA CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE WILL BE ON SEPTEMBER 1ST OF EACH CALENDAR YEAR. Our office will notify you at least 30 days in advance at the last known address on file. It is very important that when you move your office within the State of Nebraska or out of the State that you advise our office at once.

REPORTING THE LOSS OR THEFT OF CONTROLLED SUBSTANCES

A loss of Controlled Substances is required to be reported to the Drug Enforcement Administration. It is recommended that you contact the office of the Bureau of Examining Boards to obtain the DEA form 106.

If you should become knowledgeable that a local physician, dentist, veterinarian or pharmacy has lost Controlled Substances due to a robbery or other means, we ask that you call him to advise that the necessary forms are available from the Bureau office.

Should you have any questions about either the Federal or State applications, please feel free to contact the Bureau office at (402) 471-2115.

FEDERAL DEA NUMBER _____

NAME OLDE TOWNE PHARMACY

BUSINESS ADDRESS 105 E. Mission Ave, Bellevue, Ne 68005

RETURN TO: Bureau of Examining Boards, P.O. Box 95007, Lincoln, NE 68509

NEW
APPLICATION FOR REGISTRATION
UNDER JAN 22 1988
CONTROLLED SUBSTANCES ACT OF 1970

OLDE TOWNE PHARMACY

105 East Mission Ave

Bellevue, Ne 68005

UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION

P.O. Box 28083

CENTRAL STATION

WASHINGTON, D.C. 20005

For INFORMATION, Call: 202 254-6251

See "Privacy Act" Information on reverse

Please PRINT or TYPE all entries
No registration may be issued unless a completed application form has been received (21 CFR 1301.21).

CITY STATE ZIP CODE

THIS BLOCK
FOR DEA
USE ONLY

REGISTRATION CLASSIFICATION: Submit Check or Money Order Payable to the DRUG ENFORCEMENT ADMINISTRATION in the Amount of \$ 60.00.

1. BUSINESS ACTIVITY: (Check ONE only)

(Specify Medical Degree, e.g.,
DDS, DO, DVM, MD, etc.)

RETAIL PHARMACY

HOSPITAL/CLINIC

PRACTITIONER

TEACHING INSTITUTION
(Instructional purposes only)

FEE MUST
ACCOMPANY
APPLICATION

2. SCHEDULES: (Check all applicable schedules in which you intend to handle controlled substances. See Schedules on Reverse of Instruction Sheet.)

SCHEDULE II
 NARCOTIC

SCHEDULE II
 NONNARCOTIC

SCHEDULE III
 NARCOTIC

SCHEDULE III
 NONNARCOTIC

SCHEDULE IV

SCHEDULE V

3. CHECK HERE IF YOU REQUIRE ORDER FORMS.

4. ALL APPLICANTS MUST ANSWER THE FOLLOWING:

(a) Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying, under the laws of the State or jurisdiction in which you are operating or propose to operate?

YES - State License Number(s) applied for permit 1993

NOT APPLICABLE PENDING

(b) Has the applicant ever been convicted of a crime in connection with controlled substances under State or Federal law, or ever surrendered or had a DEA registration revoked, suspended or denied, or ever had a State professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation?

YES NO

(c) If the applicant is a corporation, association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substances under State or Federal law, or ever surrendered or had a DEA registration revoked, suspended or denied, or ever had a State professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation?

YES NO NOT APPLICABLE

IF THE ANSWER TO QUESTIONS 4(b) or (c) is YES, include a statement using the space provided on the REVERSE of this part.

5. CERTIFICATION FOR FEE EXEMPTION

CHECK THIS BLOCK IF INDIVIDUAL NAMED HEREON IS A FEDERAL, STATE, OR LOCAL OFFICIAL.

The Undersigned hereby certifies that the applicant herein is an officer or employee of a Federal, State or local agency who, in the course of such employment, is authorized to obtain, dispense, or prescribe controlled substances or is authorized to conduct research, instructional activity or chemical analysis with controlled substances, and is exempt from the payment of this application fee.

Signature of Certifying Official

Date

Print or Type Name

APPROVED
STATE OF NEBRASKA

Print or Type Title

Linda M. Wynn 1-3-88

Signature

Date

Name of Institution or Agency

WARNING: SECTION 843(a)(4) OF TITLE 21, UNITED STATES CODE, STATES THAT ANY PERSON WHO KNOWINGLY OR INTENTIONALLY FURNISHES FALSE OR FRAUDULENT INFORMATION IN THIS APPLICATION IS SUBJECT TO IMPRISONMENT FOR NOT MORE THAN FOUR YEARS, A FINE OF NOT MORE THAN \$30,000.00 OR BOTH.

Mail the Original and 1 copy with FEE to the above address. Retain 3rd copy for your records.

SIGN
HERE

Linda M. Wynn RP

(402) 29101181

Print or Type Name Here - Sign Below

Applicants Business Phone No.

Linda M. Wynn, R.P. in charge

Linda M. Wynn RP

Signature of applicant or authorized individual

1-8-88

Date

R.P. in charge

Title (If the applicant is a corporation, institution, or other entity, enter the TITLE of the person signing on behalf of the applicant ((e.g., President, Dean, Procurement Officer, etc....))

ATTACH CHECK HERE