DEPARTMENT OF HEALTH
Bureau of Examining Boards
Post Office Box 95007
Lincoln, Nebraska 68509-5007
This is to acknowledge receipt of my license certificate.

No. 1993 Dated 1 Sep. 1993

to practice Olde Towne Pharmacy

(Name of Profession)

Adria C. Vanden Boel

(Signature)

Address:

OLDE TOWNE PHARMACY

105 E. MISSION AVE.

BELLEFONTE, NE 68514

Complete, stamp and mail.

DCH
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

Enclosure
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

医疗行为?

YES  NO

PHARMACY NAME AND COMPLETE ADDRESS

days and hours open for business

DAYS AND HOURS OPEN FOR BUSINESS

Monday, Tuesday, Wednesday, & Thursday 9 am to 7 pm

Saturday - 9 am to 1 pm

PHONE NUMBER — (402) 251-1161

NAME OF REGISTERED PHARMACIST (OR MEDICAL PRACTITIONER) WHO WILL BE IN CHARGE OF PHARMACY

Alice C. Vandenberg, Pharm. D.

LICENSE NUMBER

10220

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

SIGN OWNER/APPLICANT

TITLE

DATE

PERMIT FEES

Agency use only

Original Permit.......................... $ 150.00 Application Date

Permit, Transfer of Ownership........... 150.00 8-3-88

Permit, Change of Location............... 25.00 Date Permit Issued

Amended Permit, Change of Pharmacist... 25.00 8-9-88

Amended Permit, Original Owner to Heirs or Estate.......................... 25.00 Permit Number

Amended Permit, Change in Name Only.... 25.00 1993

*** THE PREVIOUS PERMIT MUST BE RETURNED WITH THIS APPLICATION (8½" 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
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 30, 1988. Thank you.

Sincerely,

[Signature]

LHC/av

8-2-88

[Correction: date the permit was corrected]

[Stamp: DIVISION OF INVESTIGATION AND ENFORCEMENT]
OLDE TOWNE PHARMACY
105 E. Mission, Bellevue, Ne. 68005
(402) 291-1181 Dr.

DATE: RX: PT:

Dr. Berdon D. M. Wynn

 Controlled Substances
D.E.A. Reg. No. Applied for

State Reg. No. Applied for
No.

Owner & Address
105 East Mission Ave. Bellevue

Authorized Signature
Linda M. Wynn

Power of Attorney

Controlled Substances Records
Inventory Date: None in shop

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 initiated

Five refills or six mo.-III-IV

Frequency of refills-III-V

Letter "C" stamp

"Transfer" label utilized

Distribution records

Method of filing Rx's: 3 sets

CIE + Copy + IV + legend

Computer Utilized

Type

Central Record Keeping Permit No. None

Security
Building perimeter

Pharmacy department

R.P. Duty Sign utilized

Sched. II dispersed, locked

Sched. III-V properly dispensed

Alarm system

Type: None

Regular Prescription File

Record of refills

Frequency of refills

Refill authorizations

Labels & Labels

Rx Containers & Labels
Safety closure caps

Light & tight protection

Auxiliary labels

Labels typed

Labels affixed

Contents labeled

New containers utilized

Regulatory Requirements

Lighting
Ventilation, A.C. & heating
Sanitation & cleanliness

Neatness
Sink

Current USP/NF & Supplements

Rev. No. Serial No.

Current Merck Manual Ed.

Current Remington Ed.

Pharmacology text

Medical Dictionary
Security booklet

Drug interaction Reference

Poison Control Phone No.

State Statutes & Regs.

Minimum equipment list
Class "B" Balance Ser. No.

Metric or Apothecary Weights

Refrigerator adequate & sanitary

Corrections Ordered:

Purchase metric weights

Patients Ordered

purchases metric weights

Recheck Inspector

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.

Dr. Berdon D. M. Wynn

Bureau of Examining Boards Department of Health State of Nebraska
Pharmacy Permit

This is to acknowledge receipt of my License/Certificate

No. 1992  Dated 1-14-58

to practice Goldsboro Pharmacy

(Name of Profession)

Signature

Address: 105 E Mission Ave

Complete, stamp and mail.
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

Enclosure

cc: Jerry Graves, R.P.

inspected 1-21-88
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):

CIDE TOWNE PHARMACY

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

1. Harrison Carhart

Medical Practitioner?

☐ YES
☐ NO

Pharmacy Name and Address

(including street, city, zip code)

105
Cide Towne Pharmacy
105 E. Kinsley Ave, Bellevue, NE 68005

Days and Hours Open for Business

M-F 9am 6pm

Name of Registered Pharmacist who will be in charge of Pharmacy

(NOTE: Medical Practitioners need not complete this section)

Linda B. Wynn, R.P.

License Number

I 124

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

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

Sign Here: [Signature]

Owner/Applicant

Title

January 7, 1983

Date

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)

THE PREVIOUS PERMIT MUST BE RETURNED WITH THIS APPLICATION (the Hl" by 11")

Application, fee and previous permit must be submitted to the following address:

CASHIER'S OFFICE
DEPARTMENT OF HEALTH
P.O. BOX 94225
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, IINN, 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

<table>
<thead>
<tr>
<th>NAME</th>
<th>CLE TOWNE PHARMACY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEBRASKA BUSINESS</td>
<td>105 East Mission Ave</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>Bellevue, Nebraska 68005</td>
</tr>
</tbody>
</table>

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
Specify degree: M.D., D.D.S., D.P.M., D.V.M., D.O., Other

D. COMMUNITY PHARMACY
This includes all retail and hospital pharmacies with pharmacy permits

E. HOSPITALS

G. TEACHING INSTITUTION
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 12/22/88

APPROVAL RETURNED TO DEA 3/8/88

TRANSFER LETTER RECEIVED

LETTER SENT TO DEA

REQUEST FOR DEA NUMBER SENT

NEBRASKA CSA NUMBER ISSUED 3/8/88
**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).

---

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

- A ☑️ RETAIL PHARMACY
- B ☐ HOSPITAL/CLINIC
- C ☐ PRACTITIONER
- D ☐ TEACHING INSTITUTION (Instructional purposes only)

---

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

<table>
<thead>
<tr>
<th>Schedule</th>
<th>(X) Narcotic</th>
<th>(X) Non-Narcotic</th>
</tr>
</thead>
<tbody>
<tr>
<td>II</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>IV</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>V</td>
<td>☑️</td>
<td>☑️</td>
</tr>
</tbody>
</table>

---

**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 schedule for which you are applying, under the laws of the State or jurisdiction in which you are operating or propose to operate?

[X] ☑️ State License Number(s) applied for

☑️ NOT APPLICABLE

(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

Print or Type Name

Print or Type Title

---

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.
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

Please PRINT or TYPE all entries

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

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)

X RETAIL PHARMACY  B  HOSPITAL/CLINIC  C  PRACTITIONER  D  TEACHING INSTITUTION

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

SCHEDULE II  SCHEDULE III  SCHEDULE IV

[a] NARCOTIC  [x] NONNARCOTIC  [x] NARCOTIC  [x] NONNARCOTIC

3. XX 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?

[X] YES  [X] NO

(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

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

Name of Institution or Agency

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