

**NOTICE: Display this renewal with original certificate in a prominent location site**

**APPLICANT MAILING ADDRESS**

**Original Permit #**

**Schedules**

**Company Name**

**Address**

**City/State/Zip**

**Owner**



**KANSAS STATE BOARD OF PHARMACY**

*Alphei*

**Executive Secretary  
(785) 296-4056**

**Expires**

**(This is a renewal, not an original registration)**