



Washington State Department of
Health

Pharmacy Quality Assurance Commission
PO Box 47877
Olympia, WA 98504-7877
360-236-4700

Date
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Fee
Differential Hours (Shopkeeper) Fee Page
All application fees are nonrefundable

Revenue: 0262010000

Pharmacy Differential Hours (Shopkeeper) Application

You must notify the pharmacy commission at least 30 days prior to operating a pharmacy within an establishment having hours differing from the pharmacy. The applicant must complete and file this form with the pharmacy commission. Please refer to [WAC 246-869-020](#) for complete information on differential hours.

1. Demographic Information

UBI #	Federal Tax ID (FEIN) #		
Legal Owner/Operator Name			
Pharmacy License #			
Pharmacy Name			
Physical Address			
City	State	Zip Code	County
Facility Phone (enter 10 digit #)		Fax (enter 10 digit #)	

Note: The pharmacy shall have a separate and distinct telephone number, not answerable in the remainder of the establishment, unless all telephone conversations made during the pharmacist's absence are recorded and played back by the pharmacist.

2. Facility Specific Information

Hours of Operation (Include Week Days, Sat., Sun. and Holidays)

What are the hours of the pharmacy, as they now exist?	What are the proposed differential hours of the pharmacy?	What are the proposed establishment hours?
Monday	Monday	Monday
Tuesday	Tuesday	Tuesday
Wednesday	Wednesday	Wednesday
Thursday	Thursday	Thursday
Friday	Friday	Friday
Saturday	Saturday	Saturday
Sunday	Sunday	Sunday
Holiday	Holiday	Holiday

Date Pharmacy will be ready for inspection.
The Pharmacy Commission is to be notified of any changes or delays.) _____

Anticipated opening date of the pharmacy under conditions of differential hours. _____

Signature

I certify that I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify that the information herein submitted is true to the best of my knowledge and belief.

Signature of Owner/Authorized Representative of Pharmacy

Date

Print Name

Print Title