

(3) ADDRESSES, TELEPHONE NUMBERS, AND THE NAMES OF CONTACT PERSONS FOR THE FACILITY USED BY THE APPLICANT FOR THE STORAGE, HANDLING, AND DISTRIBUTION OF PRESCRIPTION DRUGS;

(4) THE TYPE OF BUSINESS FORM UNDER WHICH THE APPLICANT OPERATES, SUCH AS PARTNERSHIP, CORPORATION, OR SOLE PROPRIETORSHIP;

(5) THE NAME OF EACH OWNER AND OPERATOR OF THE APPLICANT, INCLUDING:

(I) IF AN INDIVIDUAL, THE NAME OF THE INDIVIDUAL;

(II) IF A PARTNERSHIP, THE NAME OF THE PARTNERSHIP AND OF EACH PARTNER;

(III) IF A CORPORATION, THE NAME OF THE CORPORATION, THE NAME AND TITLE OF EACH CORPORATE OFFICER AND DIRECTOR, AND THE STATE OF INCORPORATION; AND

(IV) IF A SOLE PROPRIETORSHIP, THE FULL NAME OF THE SOLE PROPRIETOR AND THE NAME OF THE SOLE PROPRIETOR'S BUSINESS ENTITY;

(6) A LIST OF ALL LICENSES AND PERMITS ISSUED TO THE APPLICANT BY ANY OTHER STATE THAT AUTHORIZES THE APPLICANT TO PURCHASE OR POSSESS PRESCRIPTION DRUGS;

(7) FOR THE DESIGNATED REPRESENTATIVE AND THE IMMEDIATE SUPERVISOR OF THE DESIGNATED REPRESENTATIVE AT THE APPLICANT'S PLACE OF BUSINESS:

(I) FINGERPRINTS NECESSARY TO CONDUCT A CRIMINAL HISTORY RECORDS CHECK; AND

(II) THE FOLLOWING:

1. NAME;

2. PLACES OF RESIDENCE FOR THE PAST 7 YEARS;

3. DATE AND PLACE OF BIRTH;