

CITY OF HOLLY SPRINGS  
P.O. Box 990, Holly Springs, GA 30142  
Phone: 770-345-5533

**MEDICAL ESTABLISHMENT QUESTIONNAIRE**

**Business Information**

Full Name of Business: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

**Questionnaire**

1. Detail of proposed services at the proposed medical establishment or pharmacy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If opening a pharmacy, do you intend to provide medical treatment services at the location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you intend to prescribe Schedule II, III or IV drugs at your proposed location?

\_\_\_\_\_  
\_\_\_\_\_

4. Do you intend to dispense Schedule II, III or IV drugs at your proposed location or on the premises?

\_\_\_\_\_  
\_\_\_\_\_

**ACTIVE MANAGER'S INFORMATION**

Name of Active Manager: \_\_\_\_\_

Manager's Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

County: \_\_\_\_\_ # of Years: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**REGISTERED AGENT/OFFICER INFORMATION**

Registered Agent/Officer is required if Business is Incorporated

Registered Agent/Officer: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

By signing below, I understand that each applicant, representing a proposed medical establishment or pharmacy, shall in good faith complete this questionnaire, answering the questions to the best of their ability. Signatures of the applicant and establishment owner or corporate officer (if not the same as applicant) shall be required on the questionnaire, attesting that all answers and information provided are true and correct to the best of their knowledge. Deception, false statements, and misrepresentations on the questionnaire shall cause enforcement action and penalties against the entity as detailed under Sec. 22-407 and Sec. 22-409. My signature acknowledges I have read a copy of the current code, understand it and will abide by the regulations.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Corporate Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Public Safety Compliance:**

\_\_\_\_\_  
Police Officer Signature  Approved  Denied \_\_\_\_\_  
Comments/Date