

207-883-2911

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF ADMINISTRATION

7 Eagle Square
Concord, NH 03301

Telephone 603-271-3800 Fax 603-271-0597

Lindsey B. Courtney
Executive Director

Heather A. Kelley
Finance Director



RECEIVED
SEP 19 2022
OPLC-FINANCE
OPLC-FINANCE

FEE PAID

Board: Pharmacy

Licensee: Hannaford Bro's Co LLC

Check Amount and Number: \$ 250.00 ^{CK#} 5900037686

Type of Fee Paid:

- Initial, renewal or reinstatement of license
- Temporary license
- Examination fee
- Physical therapy privilege to practice under the compact
- General anesthesia, deep sedation, and moderate sedation permits
- Site visit or inspection fee
- PHP Fee
- Fine
- Investigative costs
- Other: _____

Received By: Jenn H

Make Check Payable to:
Treasurer, State of New
Hampshire

STATE OF NEW HAMPSHIRE
BOARD OF PHARMACY
7 Eagle Square, Suite 300
Concord, NH 03301
(603) 271-2350 Fax: (603) 271-2856
www.oplc.nh.gov/pharmacy

RECEIVED
OCT 24 2022 JP
OPLC-FINANCE

APPLICATION FOR PERMIT TO CONDUCT A PHARMACY IN NEW HAMPSHIRE 9-19-22

Type of Application:

- New Pharmacy / Original Application - \$500. Change of Pharmacy Name - \$250.

Estimated Date of Opening: _____ Effective Date of Change: _____

- Change of Location - \$250. Change of Ownership - \$250.

Estimated Date of Move: _____ Estimated Date of Change: _____

- Change of Pharmacist-In-Charge - \$250.

Effective Date of PIC Change: 10/09/2022 Name of Former PIC: Jennifer Wirtz

\$ 250
✓ # 590003768

PHARMACY INFORMATION

Name of Pharmacy		
Hannaford Supermarket & Pharmacy #8247		Lic # 0684
Street Address of Pharmacy		
80 Wolfeboro Highway		
City/Town	State	Zip Code
Alton	NH	03809-4953
Telephone Number	Fax Number	E-Mail Address (Must be entered to receive permit)
603-875-5300	603-875-4310	hrdpharmacist8247@hannaford.com
DEA Number	Expiration Date	
BH9765124	12/31/2022	

PHARMACIST-IN-CHARGE STATEMENT

I, Jessica Pelkey #R2759, of 42 Sullivan Farm Dr
Designated Pharmacist Home Address (Not P.O. Box)

Rochester NH 03868 do hereby agree to serve as
City/Town State Zip Code

pharmacist-in-charge at the above pharmacy.

No disc.
Passed PIC Exam 8/17/21

TYPE OF PHARMACY

This application is for a permit to conduct a: (check one)

- Community Pharmacy ⇒ If community pharmacy, licensing: Entire Store Area Pharmacy Dept. Only
- Hospital Pharmacy (For Profit) Home Infusion Pharmacy
- Other (Specify) _____

TYPE OF OWNERSHIP

(Check One)

- Sole Proprietorship Partnership Corporation LLC

(Check One)

- For Profit Non-Profit

- If **non-profit organization**, and **IRS tax exempt**, attach a copy of the 501(c)(3) exemption approval issued by the U.S. Internal Revenue Service for each applicable entity.
- In the case of non-501(c)(3) organizations, attach a disclosure listing of **any practitioner ownership** which is not exempt as a "passive investment acquired at open market terms". (practitioner means any person lawfully entitled to prescribe medicine, or such person's spouse or dependent children).

If a **sole proprietorship**, list the name, official address, and occupation/business of owner:

N/A

If a **partnership**, list the name, official address, and occupation/business of each partner and the percentage of ownership held by each partner:

N/A

If any partner is a corporation, that partner shall **also** provide the information required of corporations below.

If a **corporation** (list, the following):

Corporation name and date and state of incorporation:

Hannaford Bros. Co., LLC 12/13/1902 ME

If applicable, date of filing with the State of New Hampshire as a foreign corporation:
(attach copy of authorization issued by the NH Secretary of State)

5/16/46

Address of principal place of business:

145 Pleasant Hill Road, Scarborough, ME 04074

CORPORATE INFORMATION (CONTINUED)

Name, address, & telephone number of **agent of record**, in New Hampshire, for service of process:

Corporation Service Company, 10 Ferry Street, Suite 313, Concord, NH 03301

List each type, or class, of voting stock and the number of shares authorized and outstanding for each class:

N/A

- Provide as a supplement to this application, the name, address, corporate title, occupation and percentage of stock held for all corporate officers/directors, and of all holders of 5% or more of each class of voting stock.
- If a listed shareholder is itself a corporation, provide the same for each such corporation.
- If a listed shareholder is a partnership, provide the information required under the partnership section on page 2 for each such partnership.
- Provide as a supplement to this application, the disclosure of the corporate structure, including parent company or companies.

LEGAL PROCEEDINGS/ACTIONS

To your knowledge, have there been or are there now pending any indictments of any nature or any alleged violations of the law governing the practice of pharmacy, controlled substances, or other regulated drugs against the corporation, members of the corporation or partnership, or any of the individuals named in this application?

Yes

No

(If yes, attach explanation)

To your knowledge, have any of the above individuals/entities been convicted of a local, state, or federal drug or pharmacy law?

Yes

No

(If yes, attach explanation)

To your knowledge, have any of the above individuals/entities been convicted of a felony within the past 10 years?

Yes

No

(If yes, attach explanation)

PHARMACY HOURS OF OPERATION

This pharmacy shall be open a total of 79 hours per week and available to provide professional services during the following time periods:

MON. 8am to 8pm TUES. 8am to 8pm WED. 8am to 8pm
 THUR. 8am to 8pm FRI. 8am to 8pm
 SAT. 8am to 6pm SUN. 8am to 5pm

*Note: There must be pharmacist coverage (as noted in next section) for all hours the pharmacy is open.

PHARMACISTS TO BE EMPLOYED AT PHARMACY (Including Owner/Manager, If A Licensed Pharmacist – Attach additional sheet if necessary)		
PHARMACIST NAME	NH LICENSE #	HOURS/WEEK
Jessica Pelkey	R2759	39.5
OPEN POSITION <POSTED>		39.5
CURRENTLY STAFFED BY FLOAT RPH.		

PHARMACY TECHNICIANS TO BE EMPLOYED AT PHARMACY – Attach additional sheet if necessary	
TECHNICIAN NAME	NH TECHNICIAN REG. #
Mackenzie Bruhm	CPHT-127439
Pamela Nason	CPHT-125092
Heath Patterson	CPHT-123703
Tania Silver	CPHT-123976
Jill Stein	CPHT-08615

GENERAL PHARMACY INFORMATION/SPECIFICATIONS

What are the dimensions of that portion of the pharmacy devoted to the preparation of prescriptions?
423 sq. ft. Enter either total square footage or dimension (length x width)

Give a brief description of the pharmacy department. (Complete **only** if this is an original application for a new pharmacy **or** if changes have occurred to an existing pharmacy)
N/A

GENERAL PHARMACY INFORMATION/SPECIFICATIONS (Continued)

List persons (names & titles) who have security access to the pharmacy [according to Ph 303.02(m) and Ph 702.05(b)].

Jessica Pelkey, Rx Manager
Floater RPh Key in safe.

PHARMACY OWNER / CORPORATE REPRESENTATIVE AFFIDAVIT

As chief administrative officer of Hannaford Bros. Co., LLC, I certify that
Corporation/Partnership

Jessica Pelkey
Name of Pharmacist

is designated by me as pharmacist-in-charge to operate this pharmacy in compliance with all federal, state, and local laws. I have read this application and all of the statements made on it are, to the best of my knowledge, true and correct. As the owner or corporate representative of this pharmacy, my signature below acknowledges my (the corporation's) responsibilities as the permit holder, including all of the corporate / permit holder duties and responsibilities noted in NH RSA 318:38 and Ph 704.11(d).

Wendy Boyette
Signature of Company / Corporate Representative

Director Pharmacy Operations
Title

10/10/22
Date

PHARMACIST-IN-CHARGE AFFIDAVIT

PHARMACIST-IN-CHARGE AFFIDAVIT

I swear and affirm that the answers and statements made on this application are true and correct to the best of my knowledge and belief, that this pharmacy has the required facilities and equipment and meets the conditions specified by the Board of Pharmacy, a copy of whose laws and rules I have read. I agree to replace promptly any item on the required equipment list which becomes lost, broken, or otherwise becomes unfit for use. I also agree to display the pharmacy permit in a conspicuous place in this pharmacy. I understand that this permit is issued to the pharmacy in the name of the corporation or the owner of the pharmacy. Upon my termination as pharmacist-in-charge this permit is not transferable; and upon any change in partnership composition; or upon the acquisition of the existing corporation by any person; or change in controlling interest in the corporation; or should the pharmacy be moved or closed or if the premises are damaged by fire or otherwise, this permit shall be immediately surrendered to the Board of Pharmacy.

I further agree to operate this pharmacy in accordance with all federal, state, and local pharmacy/drug laws and regulations.

Jess S Pelkey
Signature

10-10-2022
Date



Rx

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OCT 24 2022
OPLC-FINANCE

October 10, 2022

HRD PHARMACIST 8247

@ HANNAFORD.COM

The State of New Hampshire
Board of Pharmacy
7 Eagle Square, suite 300
Concord, NH 03301

Attn: Christine Horne

Re: Pharmacist-In-Charge Change Application
Hannaford Supermarket & Pharmacy #8247 - Alton

Dear Christine,

Enclosed please find a completed application for a PIC change for our Hannaford Supermarket & Pharmacy #8247 located in Alton. Also enclosed is a check for \$250 to cover the fee.

The Regional Pharmacy Operations Manager for this location is:

Nathaniel Sides

108 Lancaster Street
Leominster, MA 01453
Tel: 207-228-4183
nsides@hannaford.com

Should you require anything further, I may be reached through email at Benjamin.charry@hannaford.com or by phone at 207-885-2141.

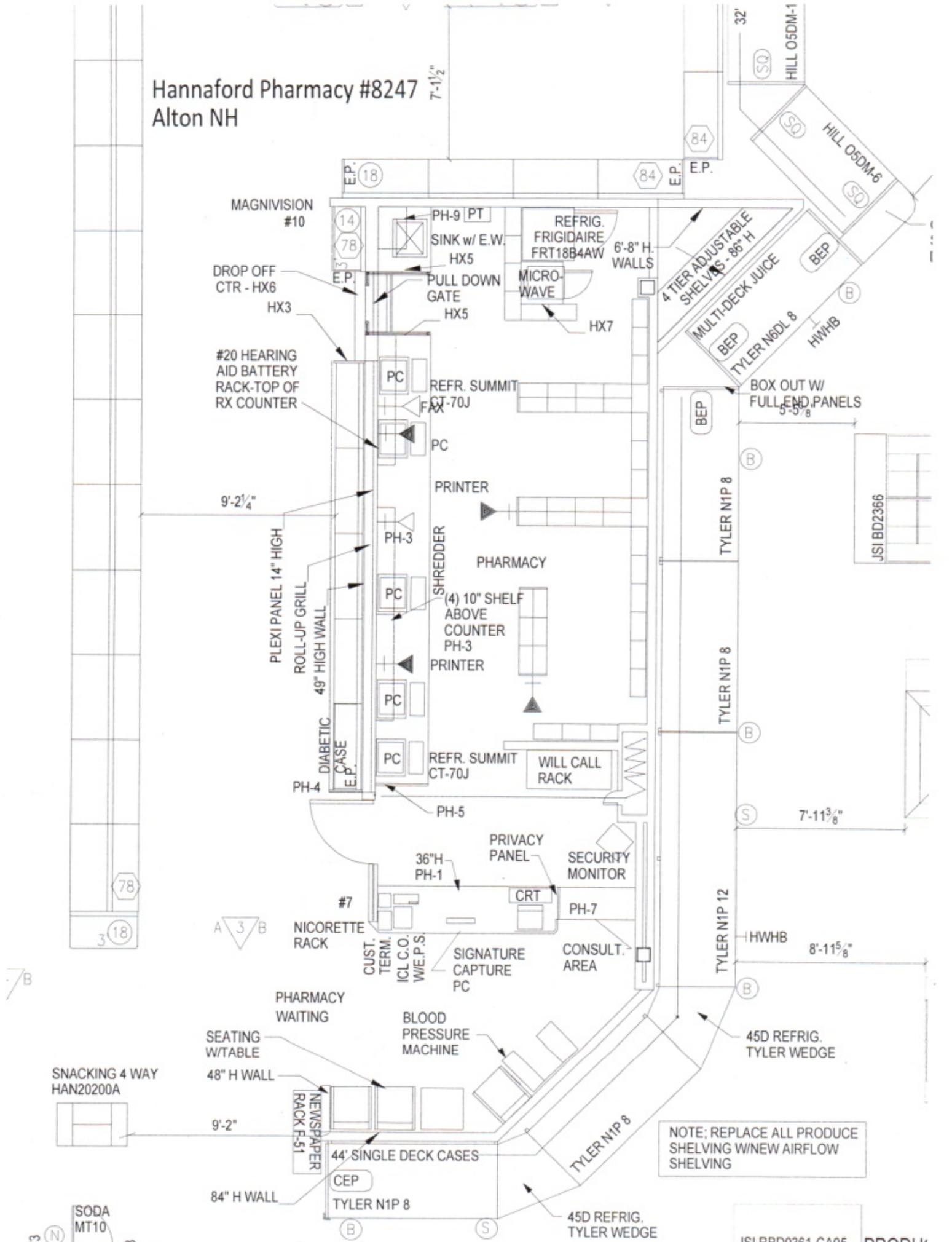
Sincerely,

Benjamin Charry

Pharmacy Compliance Specialist
Hannaford Bros. Co, an Ahold Delhaize company

Hannaford Pharmacy #8247 Alton NH

7'-1 1/2"



MAGNIVISION #10

DROP OFF CTR - HX6
HX3

#20 HEARING AID BATTERY RACK-TOP OF RX COUNTER

9'-2 1/4"

PLEXI PANEL 14" HIGH
ROLL-UP GRILL
49" HIGH WALL

A 3 B

PHARMACY WAITING

SEATING W/TABLE
48" H WALL

SNACKING 4 WAY
HAN20200A

9'-2"

44' SINGLE DECK CASES

CEP
TYLER N1P 8

84" H WALL

PH-9 PT
SINK w/ E.W.
HX5

PULL DOWN GATE
HX5

PC
REFR. SUMMIT
CT-70J

FAX
PC

PC

PC
PRINTER

PH-3
SHREDDER

PC

(4) 10" SHELF
ABOVE COUNTER
PH-3

PC
PRINTER

PC

PC

PC
REFR. SUMMIT
CT-70J

PH-4
PH-5

PH-5

36" H
PH-1

PH-1
NICORETTE RACK

PH-7
CUST. TERM.
ICL C.O.
W/E.P.S.

PH-7
SIGNATURE CAPTURE
PC

PH-7
CONSULT. AREA

PH-7
BLOOD PRESSURE MACHINE

PH-7
NEWSPAPER RACK F-51

PH-7
TYLER N1P 8

PH-7
TYLER N1P 8

PH-7
TYLER N1P 8

PH-7
TYLER N1P 8

REFRIG. FRIGIDAIRE
FRT18B4AW
6'-8" H. WALLS

MICRO-WAVE
HX7

PHARMACY

4 TIER ADJUSTABLE
SHELVING - 86" H

MULTI-DECK JUICE
TYLER N6DL 8
HW/HB

BOX OUT W/
FULL END PANELS
5'-5 3/8"

TYLER N1P 8

45D REFRIG. TYLER WEDGE

NOTE: REPLACE ALL PRODUCE SHELVING W/NEW AIRFLOW SHELVING

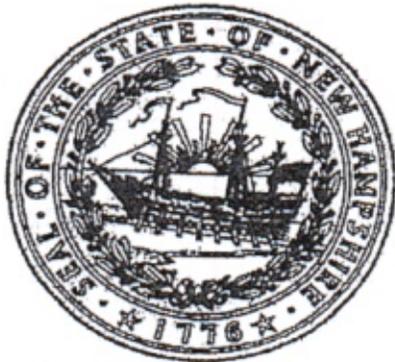
State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that HANNAFORD BROS. CO., LLC is a Maine Limited Liability Company registered to transact business in New Hampshire on May 16, 1946. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 1719

Certificate Number: 0004206535



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 31st day of October A.D. 2018.

A handwritten signature in cursive script, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that VICTORY DISTRIBUTORS, LLC is a Massachusetts Limited Liability Company registered to transact business in New Hampshire on July 24, 1996. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 250996



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 1st day of February A.D. 2018.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

MANAGER AND OFFICERS

<u>NAME and TITLE</u>	<u>HOME ADDRESS</u>	<u>BUSINESS ADDRESS</u>	<u>DATE OF BIRTH</u>
Michael T. Vail President and Manager	3 Nicola's Way Cumberland Foreside, ME 04110	145 Pleasant Hill Road Scarborough, ME 04074	01-19-63
Thomas L. Kelly Treasurer and Manager	15 Goldenrod Lane Falmouth, ME 04105	145 Pleasant Hill Road Scarborough, ME 04074	05-28-69
Nicole Devoe Lewis Secretary and Manager	47 Ocean Avenue York Beach, ME 03910	145 Pleasant Hill Road Scarborough, ME 04074	02-03-76
Peter M. Forester Assistant Secretary	356 Falmouth Road Falmouth, ME 04105	145 Pleasant Hill Road Scarborough, ME 04074	12-02-67
Margo M. Peffer Assistant Secretary	38 Camation Dr. Gorham, ME 04038	145 Pleasant Hill Road Scarborough, ME 04074	10-26-77

MARTIN'S FOODS OF SOUTH BURLINGTON, LLC (VT)

FED ID #: 03-0222879

01-18-19

OFFICERS AND MANAGERS

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Margo M. Peffer Assistant Secretary	38 Carnation Dr. Gorham, ME 04038	145 Pleasant Hill Road Scarborough, ME 04074	10-26-77
Joseph A. Goody Manager	157 Winter St. Orange, MA 01364	108 Lancaster Street Leominster, MA 01453	12-19-66

Corporate Structure

AHOLD DELHAIZE USA, INC.
Publicly Traded



DELHAIZE US HOLDING, INC.
100% Owned by Ahold Delhaize



DELHAIZE THE LION AMERICA, LLC
100% owned by Delhaize US Holding, Inc.



DELHAIZE AMERICA, LLC
18.14% owned by Delhaize The Lion America, LLC
81.86% owned by Delhaize US Holding, Inc.



DELHAIZE AMERICA SUPPLY CHAIN SERVICES, INC.
100% owned by Delhaize America, LLC



HANNAFORD BROS. CO, LLC
100% owned by Delhaize America Supply Chain Services, Inc.



VICTORY DISTRIBUTORS, LLC
100% owned by Hannaford Bros. Co., LLC

Corporate Structure

AHOLD DELHAIZE USA, INC.
Publicly Traded



DELHAIZE US HOLDING, INC.
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DELHAIZE AMERICA, LLC
18.14% owned by Delhaize The Lion America, LLC
81.86% owned by Delhaize US Holding, Inc.



DELHAIZE AMERICA SUPPLY CHAIN SERVICES, INC.
100% owned by Delhaize America, LLC



HANNAFORD BROS. CO, LLC
100% owned by Delhaize America Supply Chain Services, Inc.