

Completed 10-28-22

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OCT 26 2022
OPLC-FINANCE

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

Amount 250.00
Check 2534042
3rd party check

APPLICATION FOR PERMIT TO CONDUCT A PHARMACY IN NEW HAMPSHIRE

- emailed 10-28-22

Type of Application:

New Pharmacy / Original Application - \$500.
Estimated Date of Opening: _____

Change of Pharmacy Name - \$250.
Effective Date of Change: _____

Change of Location - \$250.
Estimated Date of Move: _____

Change of Ownership - \$250.
Estimated Date of Change: _____

Change of Pharmacist-In-Charge - \$250.
Effective Date of PIC Change: 9/27/2022

Name of Former PIC: Jim Kern

PHARMACY INFORMATION

Name of Pharmacy <u>Price Chopper Pharmacy #227</u>			<u>LIC# 0755</u>		
Street Address of Pharmacy <u>370 Miracle Mile Road</u>					
City/Town <u>Lebanon</u>		State <u>NH</u>		Zip Code <u>03766</u>	
Telephone Number <u>(603) 448-3753</u>		Fax Number <u>866-299-2363</u>		E-Mail Address (Must be entered to receive permit) <u>jessicavennard@pricechopper.com</u>	
DEA Number <u>FP1166796</u>			Expiration Date <u>11/20/2023</u>		

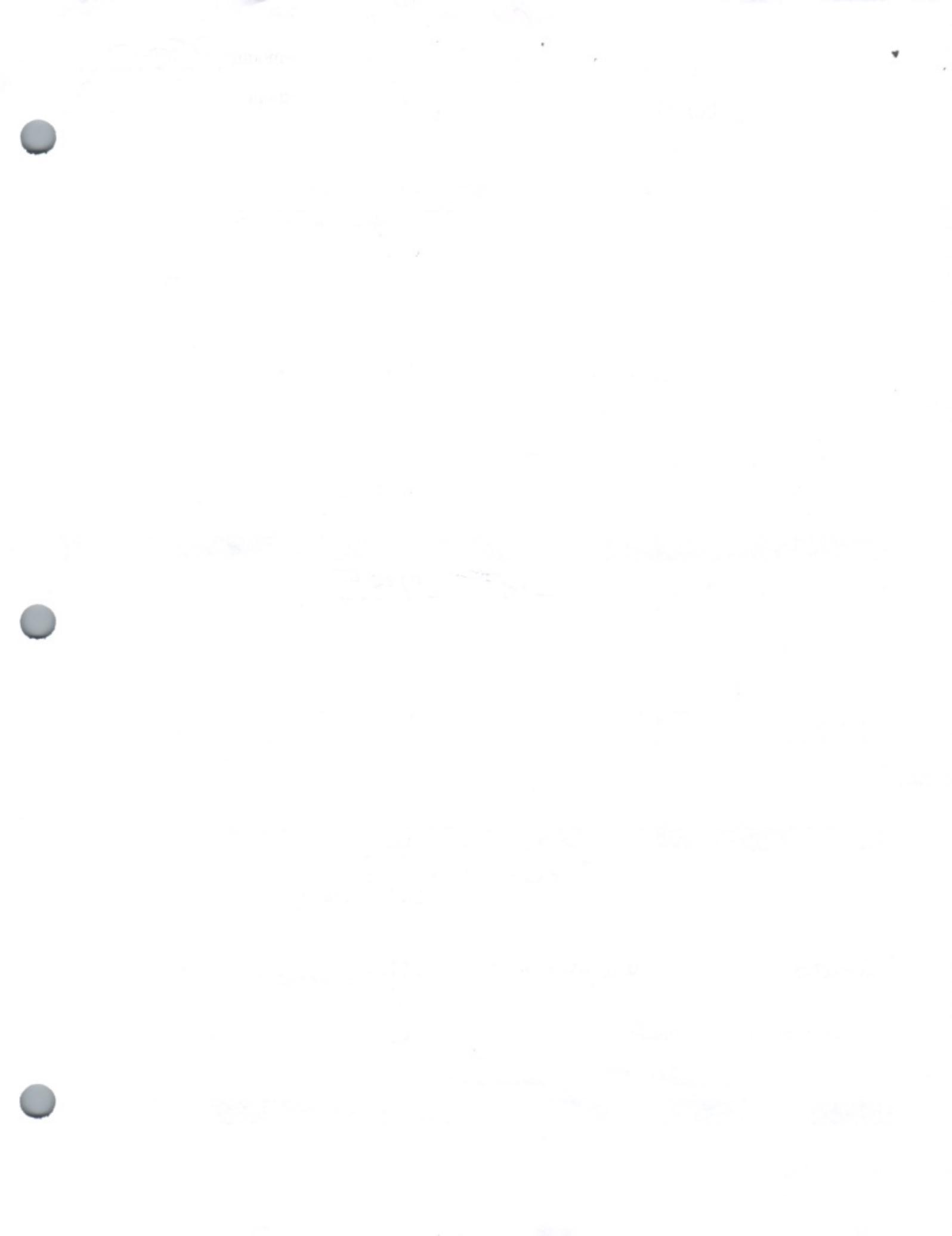
PHARMACIST-IN-CHARGE STATEMENT

I, Gnoleba Digbeu, Phcy-01272 of 243 PLEASANT ST UNIT 42
Designated Pharmacist Home Address (Not P.O. Box)

CONCORD NEW HAMPSHIRE 03301 do hereby agree to serve as
City/Town State Zip Code

pharmacist-in-charge at the above pharmacy. No discipline

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:

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

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:

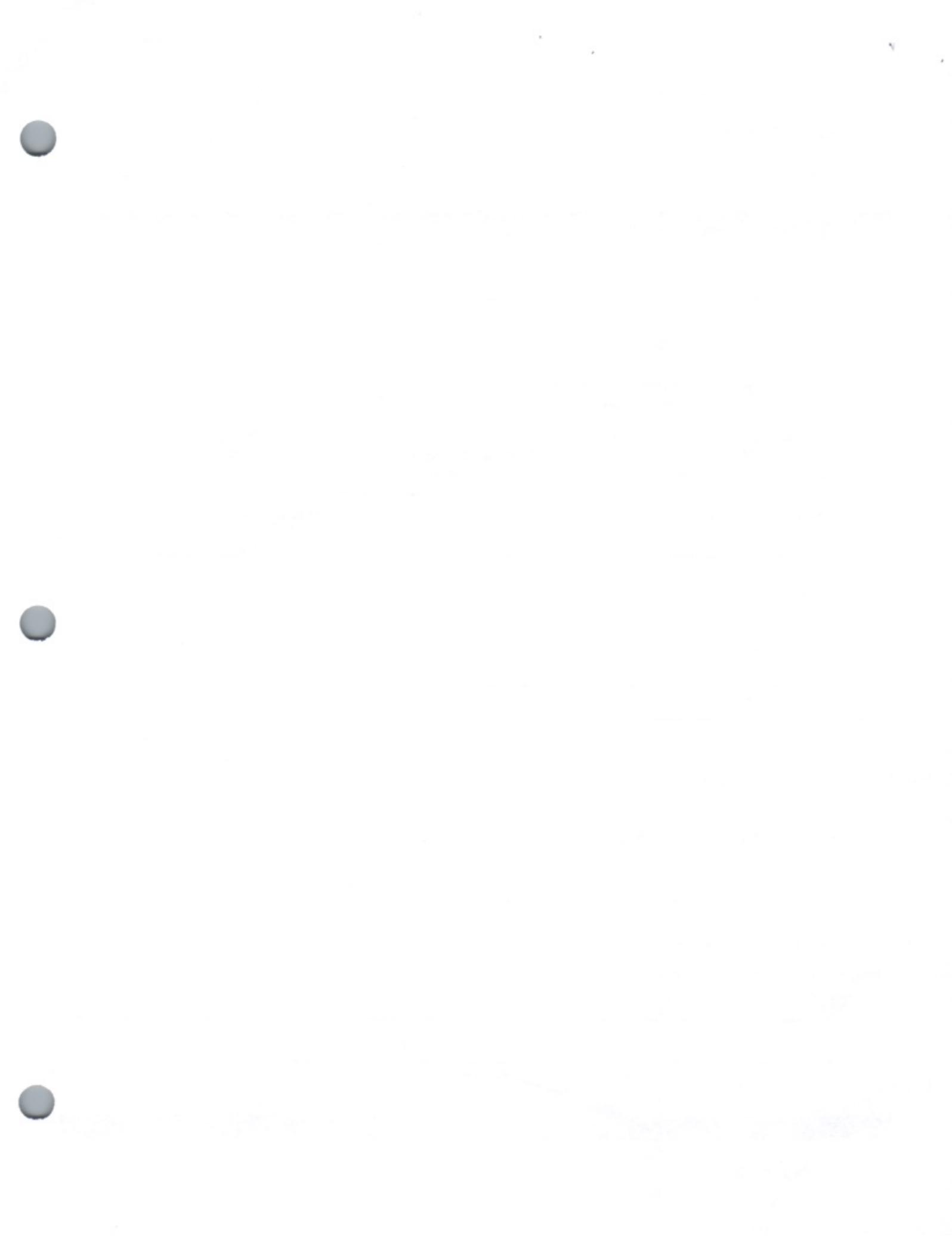
Price Chopper Operating Co of New Hampshire, Inc. - 7/16/1999 - New Hampshire

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)

Address of principal place of business:

461 Nott Street, Schenectady, NY 12308

CORPORATE INFORMATION (CONTINUED)



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

C T Corporation System

2 1/2 Beacon Street, Concord, NH, 03301 - 4447, USA

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

- 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)

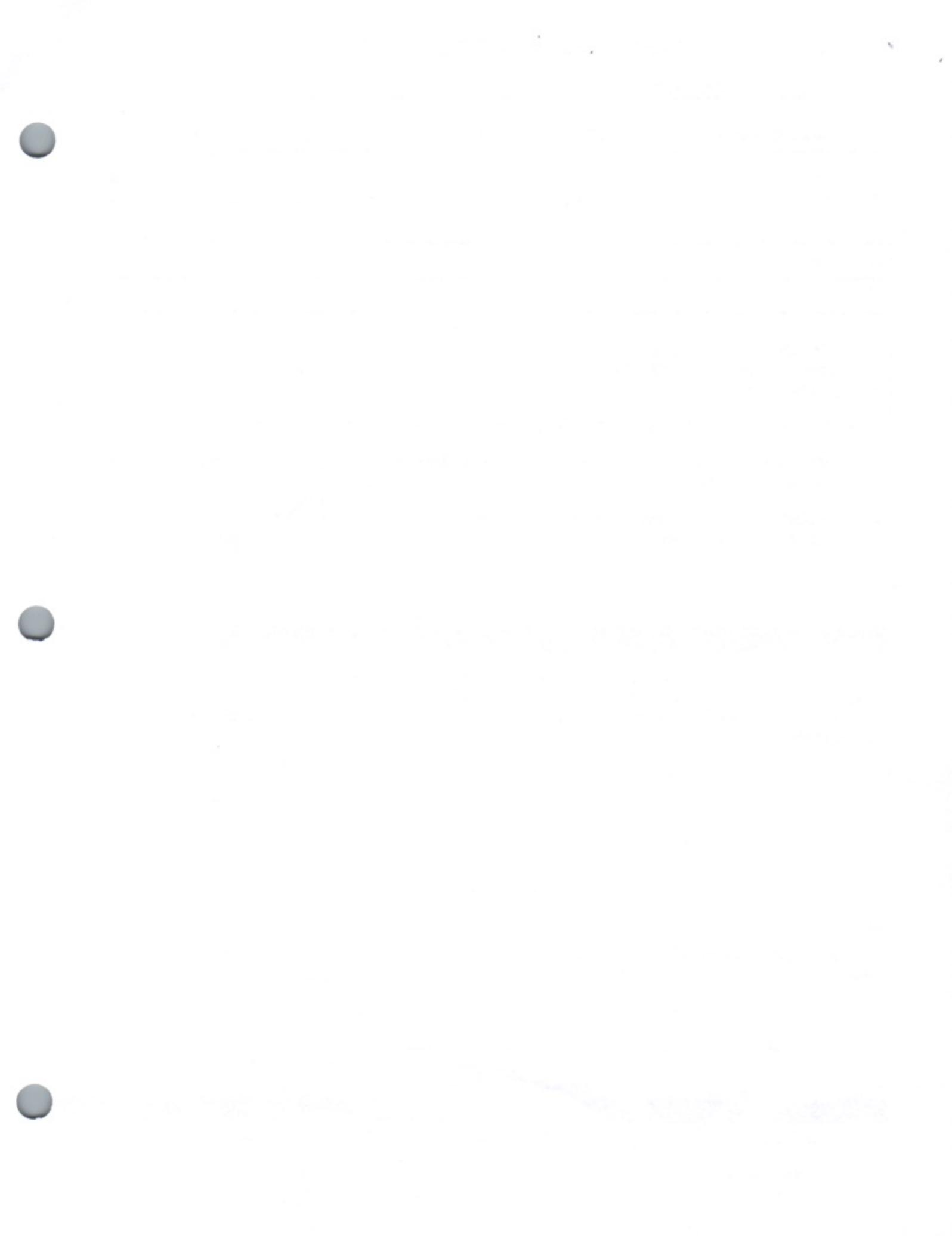
To your knowledge, have any of the above individuals/entities been convicted of a local, state, or federal drug or pharmacy law?

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



Lic# 0755-Price Chopper # 227, Lebanon

This pharmacy shall be open a total of 74 hours per week and available to provide professional services during the following time periods:

MON. 8 AM to 8 PM TUES. 8 AM to 8 PM WED. 8 AM to 8 PM

THUR. 8 AM to 8 PM FRI. 8 AM to 8 PM

SAT. 9 AM to 5 PM SUN. 9 AM to 3 PM

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BY: _____

*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
GNOLERA DIGBEU	PHCY-02272	40
ARIEL TOLEDO II	PHCY-04598	XXXXXXX?
		34 hours
		74 hrs

PHARMACY TECHNICIANS TO BE EMPLOYED AT PHARMACY - Attach additional sheet if necessary

TECHNICIAN NAME	NH TECHNICIAN REG. #
Kelly M Vaulancourt	PHT 10065
Meredith Catherine Souza	PHT 126945
Marissa Marie Isaacs	PHT 123568

GENERAL PHARMACY INFORMATION/SPECIFICATIONS

What are the dimensions of that portion of the pharmacy devoted to the preparation of prescriptions?

134 sq ft See attached drawings
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)

NA

GENERAL PHARMACY INFORMATION/SPECIFICATIONS (Continued)

Price Chopper Lic 01755

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

Gnoleba Digbeu, Pharmacy Manager
Ariel Toledo, RPh

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BY:

PHARMACY OWNER / CORPORATE REPRESENTATIVE AFFIDAVIT

As chief administrative officer of Price Chopper Operating Co of New Hampshire, Inc., I certify that
Corporation/Partnership

Gnoleba Digbeu is designated by me as pharmacist-in-charge to operate
Name of Pharmacist

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).



Signature of Company / Corporate Representative

VP Pharmacy

Title

9/27/2022

Date

PHARMACIST-IN-CHARGE AFFIDAVIT

PHARMACIST-IN-CHARGE AFFIDAVIT

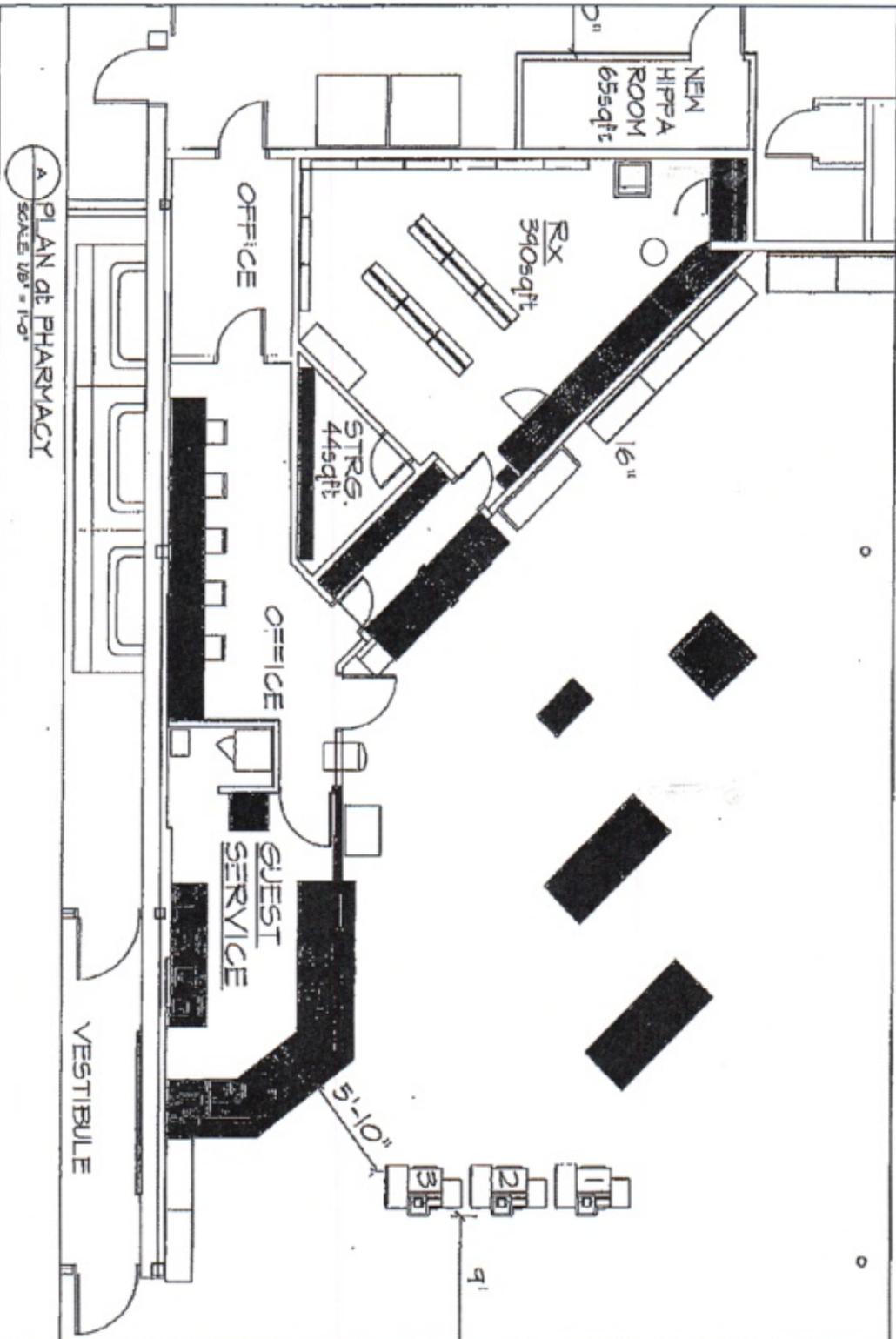
I swear and affirm that the answers and statements made on this application are true and correct to the best of my knowledge and belief, that this pharmacy has the required facilities and equipment and meets the conditions specified by the Board of Pharmacy, a copy of whose laws and rules I have read. 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.


Signature

09/27/2022
Date

N:\CAD\ACTIVE\27\27-Rx-1.dwg, 2017-07-20 13:09:42



A PLAN of PHARMACY
SCALE 1/8" = 1'-0"

NOTE:
PHARMACY IS
ENCLOSED BY FULL
HEIGHT PARTITIONS &
SECURITY DOORS.

RX:
PREP - 390 sqft.
STORAGE - 44 sqft.
OVERALL - 434 sqft.

<p>PHARMACY</p> <p>DATE 07-20-2017 SCALE 1/8" = 1'-0"</p>	<p>Price Chopper #227</p> <p>370 Miracle Mile Rd Lebanon, NH 03784</p>	<p>GOLUB CORPORATION ENGINEERING DEPARTMENT 461 NOTT STREET SCHENECTADY, NEW YORK 12308</p>
<p>REVISIONS</p> <p>PROJECT #</p> <p>Drawn By: []</p> <p>Asst: []</p> <p>SK-1</p>		

(/online/Home/)  Back to Home (/online)

Business Information

Business Details

Business Name:	PRICE CHOPPER OPERATING CO. OF NEW HAMPSHIRE, INC.	Business ID:	320774
Business Type:	Domestic Profit Corporation	Business Status:	Good Standing
Business Creation Date:	07/16/1999	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	07/16/1999		
Principal Office Address:	% Golub Corporation 461 Nott Street, Schenectady, NY, 12308, USA	Mailing Address:	% Golub Corporation 461 Nott Street, Schenectady, NY, 12308, USA
Citizenship / State of Incorporation:	Domestic/New Hampshire		
		Last Annual Report Year:	2018
		Next Report Year:	2019
Duration:	Perpetual		
Business Email:	Legal461nott@pricechopper.com	Phone #:	518-379-1421
Notification Email:	Legal461nott@pricechopper.com	Fiscal Year End Date:	NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / EST,CONDUCT&OPERATE SUPERMARKETS,RETAIL STORES,DRUG STORES,RESTAURANTS,LUNCH COU	

Page 1 of 1, records 1 to 1 of 1

Registered Agent Information

Name: C T Corporation System

Registered Office Address: 9 CAPITOLS T, CONCORD, NH, 03301, USA

Registered Mailing Address: 9 CAPITOLS T, CONCORD, NH, 03301, USA

Trade Name Information

Business Name	Business ID	Business Status
PRICE CHOPPER (/online/BusinessInquire/TradeNameInformation? businessID=84698)	331554	Active

Trade Name Owned By

Name	Title	Address
No records to view.		

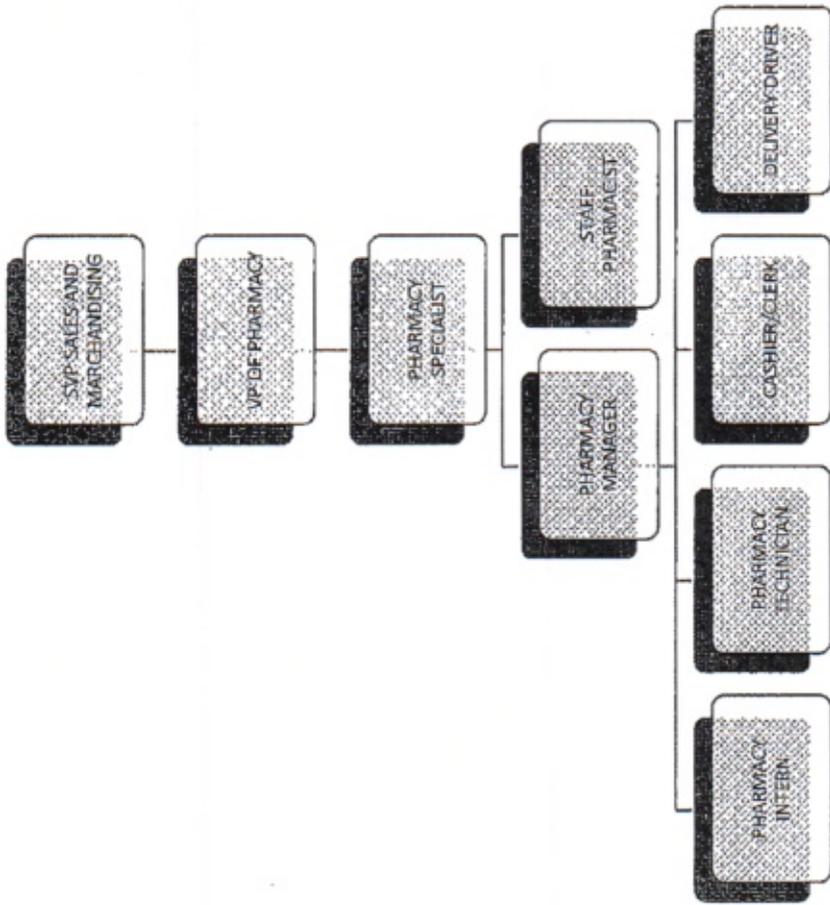
Trademark Information

Trademark Number	Trademark Name	Business Address	Mailing Address
No records to view.			

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NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- [Contact Us \(/online/Home/ContactUS\)](#)

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Price Chopper Operating Co. of New Hampshire, Inc.

Tax ID: 14-1816418

Directors

Blaine Bringhamst	1025 Gideon Trace, Glenville, NY 12302	9/20/1966
Jody Plonski	519 Union School Road, Middletown, NY 10941	4/7/1968
Frank Curci	256 Lakeview Shores Loop, Mooresville, NH 28117	9/14/1951

Officers

Blaine Bringhamst President	1025 Gideon Trace, Glenville, NY 12302	9/20/1966
Jody Plonski Vice President	519 Union School Road, Middletown, NY 10941	4/7/1968
Carrie Terraferma Secretary	66 Claremont Drive, Voorheesville, NY 12186	9/17/1978
James Peterson Treasurer	30 Whistler Circle, Unit 111 Saratoga Springs, NY 12866	6/8/1957

Schenectady
New York

*Third Party
on 10/24/22
spread sheet*

GOLUB
CORPORATION

461 Nott Street - Schenectady, N.Y. 12308

52-153
112 ME
2534042

*** 250 Dollars and 00 cents

1T-534042	09/29/22	Pay Exactly
Payment Number	Check Date	\$250.00

Pay to the
Order of

**TREASURER, STATE OF NEW
7 EAGLE SQUARE
SUITE 300
CONCORD**

NH 03301

Bank of America, N.A.

Blaine Bright

Authorized Signature

⑈02534042⑈ ⑆011201539⑆ 002220080496⑈

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

Effective Date of PIC Change: 9/27/2022

Name of Former PIC: Jim Kern

PHARMACY INFORMATION

Name of Pharmacy Price Chopper Pharmacy #227		
Street Address of Pharmacy 370 Miracle Mile Road		
City/Town Lebanon	State NH	Zip Code 03766
Telephone Number (603) 448-3753	Fax Number 866-299-2363	E-Mail Address (Must be entered to receive permit) jessicavennard@pricechopper.com
DEA Number FP1166796	Expiration Date 11/20/2023	

PHARMACIST-IN-CHARGE STATEMENT

I, Gnoleba Digbeu, of 243 PLEASANT ST UNIT 42
Designated Pharmacist Home Address (Not P.O. Box)

CONCORD NEW HAMPSHIRE 03301 do hereby agree to serve as
City/Town State Zip Code

pharmacist-in-charge at the above pharmacy.

TYPE OF PHARMACY