Indian River County Community Development Department PAIN MANAGEMENT CLINIC PERMIT APPLICATION UNINCORPORATED COUNTY		
Name of pain management clinic:	<u>*</u>	
Site Address:		
Mailing Address of Applicant		
E-mail Address of Applicant		
Tax Parcel ID# for site:		
Note that the second seco		
A. Name of Clinic Owner or Business Entity:	Check One: Single owner or business entity	
Address:	Multiple owners or business entities If multiple owners or business entities own the clinic, then attach the name and address of each	
Phone #:	and every owner or business entity	
E-mail:		
B. Name of clinic business entity officer, manager, or partner:	Check One: Not Applicable	
	Single officer, manager, or partner	
Address:	Multiple officers, managers, or partners If multiple officers, managers, or partners, then attach the name and address of each and every officer, manager, or partner	
Phone #:		
E-mail:		
C. Name of person managing or supervising clinic activities:	Check One: Single manager or supervisor Multiple managers or supervisors	
Address:	If multiple managers or supervisors, then attach the name and address of each and every manager or supervisor	
Phone #:		

E-mail:

D. Name of person prescribing or administering controlled substances at the clinic: Address: Phone #: E-mail:	Check One: Single prescription writer or administer Multiple prescription writers or administers If multiple prescription writers or administers, then attach the name and address of each and every prescription writer or administer	
2. Information on the clinic responsible physician:		
Name:	Check One: Single responsible physician or osteopathic physician Multiple physicians If multiple physicians, then attach the name and address of each and every physician One: Check One: Single person or entity owns the real property	
Phone #: E-mail:	Multiple persons or entities own the real property If multiple persons or entities own the real property, then attach the name and address of each owner	
Applicant name and relationship to the clinic (print):		
Signature:	Date:	
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A. Letter of authorization from real property owner.		
B. Letter of Authorization from clinic owner.		
C. Permit fee (\$200.00) [Note: no charge for applications submitted on or before July 18, 2011]		

- D. Proof that the clinic is currently registered as a pain management clinic with the Florida Department of Health, pursuant to sections 458.3265 or 459.0137, Florida Statutes or that the clinic is exempt from registering with the Florida Department of health as provided by law.
- E. Proof that any person who will be prescribing or administering controlled substances at the pain management clinic has a valid and current substance registration number issued by the United States Department of Justice, Drug Enforcement Administration, including the controlled substance registration number for each such person.
- F. A sworn statement certifying that within the ten (10) years prior to submittal of this application, neither the pain management clinic, nor any person identified in this application, has been found by any county or municipal board, commission or council, or by any state or federal court, or by any state or federal regulatory body, to have acted with respect to controlled substances in violation of applicable law. Use the sworn statement wording below.
- G. A sworn statement certifying that the pain management clinic, and every other clinic owned or operated by any person identified in this application, will, during the term of the permit, be operated in compliance with applicable law. Use the sworn statement wording below.

Term of Permit: two years from the date of issuance. Permit renewal requires filing a new application. Allow at least 20 days for application issuance.

SWORN STATEMENT FOR THIS APPLICATION

STATE OF FLORIDA COUNTY OF INDIAN RIVER

BEFORE ME, the undersigned authority, pe	rsonally appeared
who, upon oath, states that he/she has read the forego	oing,
which he/she has executed, and the facts contained the	nerein are true and correct.
(NOTARY SEAL)	
	Print Name: NOTARY PUBLIC – State of Florida
Personally Known \square or Produced Identification \square	
Type of Identification Produced:	