



**ARIZONA STATE BOARD OF PHARMACY**  
**P.O. Box 18520 Phoenix, AZ 85005**  
**602-771-ASBP (2727)**  
**FAX: 602-771-2749**  
<http://www.azpharmacy.gov>

Receipt Date: 09/09/2025  
 Receipt Number: 2025203488  
 Receipt Amount \$: 1000.00

# Wholesaler - Full Service

**PERMIT NO**  
**W002783**

**EXPIRES**  
**10/31/2027**

Issued to :

Crown Pharmaceuticals, Inc.  
 Crown Pharmaceuticals, Inc.  
 6221 S. CLAIBORNE AVE. 600  
 NEW ORLEANS, LA 70125

Crown Pharmaceuticals, Inc.  
 5420 TOLER ST.  
 HARAHAN, LA 70123

*Kam Gandhi*  
**EXECUTIVE DIRECTOR**

ARIZONA STATE BOARD OF PHARMACY  
 P.O. Box 18520  
 Phoenix, AZ 85005  
 602-771-ASBP (2727)  
 FAX: 602-771-2749



**WALLET CARD**

NAME : Crown Pharmaceuticals, Inc.  
 LICENSE NUMBER : W002783  
 EXPIRES : 10/31/2027

<http://www.azpharmacy.gov>

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

## Important Information

**LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)**

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

**PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)**

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.