

# Pharmacy Business Profile



## General Information

---

Business Owner/Seller

---

Pharmacy Legal Name and DBA

---

Pharmacy Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_

---

Contact Phone # \_\_\_\_\_ Email \_\_\_\_\_ Pharmacy Website \_\_\_\_\_

---

Owner's Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_

---

Accountant's Name \_\_\_\_\_ Accountant's Phone # \_\_\_\_\_ Accountant's Email \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_

---

Legal Counsel's Name \_\_\_\_\_ Legal Counsel's Phone # \_\_\_\_\_ Legal Counsel's Email \_\_\_\_\_

## Seller/Business Background

---

Year Pharmacy Started \_\_\_\_\_ Years at Present Location \_\_\_\_\_ Years Owned by Seller \_\_\_\_\_

---

# of Days a Month Seller Works in Pharmacy \_\_\_\_\_ \$ \_\_\_\_\_  
Store's Annual Revenues

---

# of Months Seller to Stay on After Sale \_\_\_\_\_ \$ \_\_\_\_\_  
Compensation for Seller After Sale

Does the seller own any other pharmacies?  Yes  No If yes, provide additional information below. If more than two, continue list on a separate page.

---

Location \_\_\_\_\_ How many miles from pharmacy being sold? \_\_\_\_\_

---

Location \_\_\_\_\_ How many miles from pharmacy being sold? \_\_\_\_\_

Are there any family members employed at the pharmacy being sold?  Yes  No If yes:

---

\$ \_\_\_\_\_ Will they need to be replaced?  
What are their wages? \_\_\_\_\_

## Store Hours and Services

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Pharmacy							
Retail							
Delivery							
Other							

If the pharmacy offers delivery service, what percentage of revenues comes from delivery? \_\_\_\_\_

Does the store have a drive-thru?  Yes  No



# Pharmacy Business Profile

Describe store location, neighborhood, and advantages (strip mall, shopping center, medical center, stand-alone, etc.)

---

---

---

List the major competitors in the area, including where they are located in proximity to your pharmacy and how long they have been in the area.

---

---

---

Describe how you compete with the chain stores, how you differentiate from them, and your value-added services.

---

---

---

## Business Make-Up

Brand Rx \_\_\_\_\_%    Generic \_\_\_\_\_%    Compounding \_\_\_\_\_%    OTC/Retail \_\_\_\_\_%    DME/Home Healthcare \_\_\_\_\_%    Other \_\_\_\_\_%

**Average # of Scripts Filled**    Daily \_\_\_\_\_    Annually \_\_\_\_\_    Average revenue per script \$ \_\_\_\_\_

**Supply Chain**    Distributor/Wholesaler \_\_\_\_\_%    Co-op \_\_\_\_\_%    Other \_\_\_\_\_%

**Controlled Substances**    Class 2 Controlled Substances \_\_\_\_\_%    All Other Classes (3-8) Controlled Substances \_\_\_\_\_%

State in which the selling entity was formed/organized/incorporated. \_\_\_\_\_

**I hereby certify that the information above is true and correct to the best of my knowledge.**

 Business Owner \_\_\_\_\_ Date \_\_\_\_\_