

AFFIDAVIT

City of Delray Beach

County of Palm Beach

In order for the City of Delray to verify the proposed use of the property, and to distinguish between business offices, professional offices, medical offices, and medical clinics dispensing controlled substances identified in Schedule II, III, or IV in Sections 893.03, 893.035, or 893.0355, Florida Statutes, applicants for these professions must demonstrate compliance with Appendix A, Definitions, and Section 4.3.3(LLL) of the City of Delray Beach Code of Ordinances:

BUSINESS OFFICE: any commercial activity primarily in an office, which does not involve the sale of commodities or goods on the premises. This definition does not include a medical office.

MEDICAL OFFICE: shall mean an office providing services to the public by physicians, dentists, surgeons, chiropractors, osteopaths, physical therapists, nurses, acupuncturists, podiatrists, optometrists, psychiatrists, or others who are duly licensed, to practice their respective professions in the State of Florida, as well as others, including but not limited to technicians and assistants, who are acting under the supervision and control of a licensed health care practitioner.

PHARMACY: shall mean a retail establishment primarily offering goods for retail sale and on-site dispensing of prescription drugs, nonprescription drugs or both. A retail pharmacy may also offer services such as photo processing, eyeglass care, etc. No more than 15% of the total number of prescriptions sold, within a 30 day period, can be derived from the sale of Schedule II controlled substances as listed in Florida Statute 893.03, as determined by an audit from an entity that has jurisdiction to review such information. All pharmacies shall be staffed by a state licensed pharmacist.

PROFESSIONAL OFFICES: includes those vocations in which professed attainments in special knowledge are practiced, as distinguished from mere skills, and shall be limited to those professions so classified by the Laws of Florida, which are conducted as professions and not as a trade or other business. Professional Offices do not include offices for the treatment of animals on the premises. This definition does not include Medical Office.

Medical, Professional, and Business Offices shall be subject to the following:

- (1) On site dispensing of controlled substances that are identified in Schedule II, III, or IV in Sections 893.03, 893.035, or 893.0355, Florida Statutes, is prohibited, unless otherwise expressly permitted by statutory or general law. The following are exempt from this prohibition:

- (a) A health care practitioner when administering a controlled substance directly to a patient if the amount of the controlled substance is adequate to treat the patient during that particular treatment session.
- (b) A pharmacist or a health care practitioner when administering a controlled substance to a patient or resident receiving care as a patient at a hospital, nursing home ambulatory surgical center, hospice, or intermediate care facility for developmentally disabled which is licensed in this state.
- (c) A health care practitioner when administering a controlled substance in the emergency room of a licensed hospital.
- (d) A health care practitioner when administering or dispensing a controlled substance to a person under the age of 16.
- (e) A health care practitioner when dispensing a one time, 72 hour resupply of a controlled substance to a patient.

AFFIDAVIT OF AGREEMENT

I have read the above definitions and regulations and I clearly understand the uses of all the specific professions and offices. I am aware that the business tax receipt that I am applying for is only for the use stated. I understand that any violation of this affidavit may result in revocation of the Business Tax Receipt and could subject me to Code Enforcement action.

Physician/Operating Corporation Representative _____

Business Name _____

Business Address _____

Occupation _____

Signature of Applicant _____ Date _____

NOTARY PUBLIC INFORMATION

The foregoing instrument was acknowledged before me this _____ day of _____

20 ____ by _____. He/she is personally known to me or has produced

(type of identification) _____ and did take my oath.

(Name – type or print)

(Signature)