



VETERINARY FOOD-ANIMAL DRUG RETAILER LICENSE APPLICATION INSTRUCTIONS

Veterinary food-animal drug retailer (Veterinary Retailer) is an area, place, or premises, other than a pharmacy, that holds a valid license from the California State Board of Pharmacy (Board) as a wholesaler and, in and from which veterinary drugs for food-producing animals are dispensed pursuant to a prescription from a licensed veterinarian.

For each site licensed by the Board, there must be:

1. A wholesale drug license for the premises that is specific to the designated address.
2. A veterinary retailer license that is specific to the same address as the wholesaler.
3. A California-licensed pharmacist or a person who is specially authorized by the Board as a designated representative, and who is designated as a designated representative-in charge of the veterinary retailer site. Designated representatives for veterinary retailers must have specific training in addition to that which is required for wholesale designated representatives.
4. At least one California-licensed pharmacist or veterinary retailer designated representative present during all hours of operation. Note; more than one pharmacist or veterinary retailer designated representative may be employed at the site.

There can be multiple veterinary retailer designated representative working for a single veterinary retailer location, however each location must designate a designated representative-in-charge. If a designated representative-in-charge leaves the employment of the veterinary retailer, a new one must be designated within 30 days in writing on a form furnished by the Board.

IMPORTANT: Please follow these instructions completely. Failure to submit the necessary items will delay the processing of your application. If the number of forms included in this application is insufficient, please make copies. Please allow approximately 45 days from the date your application is submitted before checking on the status. The contact person designated on the application will be advised if additional information is necessary.

A checklist is provided with these instructions. The Board encourages the submission of all required documentation with the application as well as the use of the checklist to assist with the application process. The Board may request additional documentation to confirm or substantiate information in the application. When submitting documents to the Board, please make a copy for your records.

CHECKLIST FOR FILING A VETERINARY FOOD-ANIMAL DRUG RETAILER APPLICATION

Use this checklist to ensure your application is complete prior to submitting. If the application is not complete, the Board will notify you of any deficiencies. Failure to complete your application within 60 days after being notified of deficiencies may result in the application being deemed abandoned. You will then be required to file a new application and meet all of the requirements in effect at the time of reapplication.

1. **Veterinary Food-Animal Drug Retailer Application (17A-75a)** refer to as “Veterinary Retailer”.

Complete the entire application and submit with original signatures.

- **Do Not Leave Blanks:** If an item or question is not applicable, indicate N/A.
- **Doing Business As (DBA):** If using a DBA, submit a completed Fictitious Business Name Statement that has been certified by the Office of the County Clerk in the county in which it was filed.

2. **Application Processing Fee postmarked through March 31, 2020 is \$435.**

Effective April 1, 2020, the application fee postmarked On or After April 1, 2020 is \$610.00.

Include a check or money order made payable to the California State Board of Pharmacy. This fee is nonrefundable.

- To apply for a temporary license, an additional fee of \$250 must be submitted in addition to the application processing fee. If other than a change of ownership and/or location, include a written letter signed by the owner / partner / officer / member that clearly explains why it is in the best interest of the public for the Board to issue the facility a temporary license. This fee is nonrefundable.

3. **Change of Ownership / Location**

A Veterinary Retailer license is nontransferable. A license is issued to the owner(s) and for the location of the facility. All approved change of ownership and change of location applications will result in a new license number being issued. Operating the facility prior to a new license being issued is unlicensed activity and may result in denial or disciplinary action by the board.

Change of Ownership Documentation: In addition to the application requirements submit the following for a change of ownership application.

- Seller’s Certification (17A-8)
- Copy of the signed proposed purchase agreement.
- A copy of the final sale/closing documents will need to be submitted by the applicant applying for the Veterinary Retailer license prior to the issuance of the license.
- Organizational Chart: Provide a business ownership organizational chart that clearly documents the applicant’s business ownership structure with the application. Include both the pre- and post-closing business ownership structure that includes each level of ownership with corresponding percentage of ownership.

4. **Designated Representative-in-Charge (DRIC):** The designated representative must be licensed as a designated representative-veterinary food-animal drug retailer or a California licensed pharmacist. The DRIC serves as supervisor or manager and is responsible for ensuring the Veterinary Retailer is in compliance with all state and federal laws and regulations pertaining to the operations.



VETERINARY FOOD-ANIMAL DRUG RETAILER APPLICATION

(Referred to as "Veterinary Retailer")

1. Applicant Information (Name of Veterinary Retailer cannot exceed 65 characters including spaces)

Name of Veterinary Retailer as it will appear on the License – may include DBA

If different from above, list Legal Name of Veterinary retailer

Location of Veterinary retailer Street City State Zip Code

Email Address of Veterinary Retailer Telephone Number

2. California Wholesaler License Information California law requires that a Veterinary Retailer license be issued ONLY to a Board licensed wholesaler.

Name of Wholesaler License Number

Address of Wholesaler Street City State Zip Code

3. Type of Application ___ Temporary License Request

- ___ New Veterinary Retailer ___ Anticipated Opening Date
___ Change of Ownership ___ Anticipated Change of Ownership Date
___ Change of Location: ___ Anticipated Move Date

4. Type of Ownership (check one)

Table with 4 columns: Individual, Partnership, Limited Liability Company, Trust, Corporation, Nonprofit Corporation, Publicly Traded

Provide the FEIN # (Federal Employer ID #)

For Board Use ONLY

Date Processed: Date Issued: Date Cashiered:
Processed by: Issued by: Cashiering #:
Amount Received:

5. Contact Person: The Board will ONLY discuss the status of this application with the person identified as the contact person and any person who has signed the application as an officer, partner, member, and/or owner of the applicant business. An authorized owner may designate additional individuals to receive information on this pending application by submitting the Authorization to Release Applicant Information form. The Board will communicate deficiencies and status of application to the contact person via email.

Name of Contact Person	Telephone Number	Email Address	
Address Street	City	State	Zip Code

6. Change of Ownership or Location Provide the exact name, address, location, and license number as listed on the current Veterinary retailer license.

Name listed on the Current Veterinary Retailer License	License Number		
Address: Street	City	State	Zip Code
Expiration Date of License	Effective Date of Change of Ownership/Location		

7. Designated Representative-in-Charge (DRIC)

There must be one Designated Representative-Veterinary Food-Animal Retailer or a California Pharmacist to serve as the DRIC for a Veterinary Retailer. The DRIC serves as supervisor or manager and is responsible for ensuring the Veterinary Retailer is in compliance with all state and federal laws and regulations pertaining to the operations.

Name of DRIC	License Type and Number		
Telephone Number of DRIC	Email Address		
Original Signature of DRIC	Date		

APPLICANT AFFIDAVIT - Read carefully and sign below.

This application must be approved by the California State Board of Pharmacy before a veterinary retailer license will be issued. The applicant veterinary retailer shall not conduct business in California until a license is issued. If changes are made during the application process, the applicant may need to submit a new application with appropriate fees. **Any application not completed within 60 days after being notified by the Board of deficiencies may be deemed to have been abandoned, and the applicant will be required to file a new application and meet all the requirements that are in effect at the time of application. Fees applied to this application are not transferable or refundable.**

Failure to provide any of the requested information may result in the application being considered incomplete. Any material misrepresentation in the answer of any question is grounds for denial or subsequent revocation of the license and is a violation of the California Penal Code.

The information will be used to determine qualifications for licensure under the California Pharmacy Law. The official responsible for information maintenance is the Executive Officer at the California State Board of Pharmacy. The information may be transferred to another governmental agency, such as a law enforcement agency, if necessary to perform its duties. Each individual has the right to review the files or records maintained on him/her by the Board of Pharmacy, unless the records are identified as confidential and exempted by Civil Code section 1798.38.

NOTICE: The State Board of Equalization and the Franchise Tax Board may share individual taxpayer information with the Board. You are obligated to pay your state tax obligation. This application may be denied, or your license may be suspended if the state tax obligation is not paid.

Under penalty of perjury, under the laws of the State of California, the person whose signature appears below, certifies the wholesaler and veterinary retailer is under common ownership, is listed on the wholesaler license and is:

- 1) The **owner, partner, member, manager, officer, or trustee** of the applicant business named in the foregoing application, duly authorized to make this application on its behalf and is at least 18 years of age;
- 2) Has read the foregoing application and knows the contents thereof and attests to the truth and accuracy of all statements, answers, and representations made in this application, including all supplementary statements.;
- 3) No person other than the applicant or applicants has any direct or indirect interest or management and control in the applicant veterinary retailer to be conducted under the license for which this application is made;
- 4) Understands that falsification of any information in this application may constitute grounds for denial or subsequent revocation of the license; and
- 5) A change of ownership application may be withdrawn by either the applicant or the licensee with no resulting liability to the California State Board of Pharmacy.

Provide original signature. Scanned, stamped or electronic signature may not be accepted.

Signature	Name (please print)	Title	Date
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California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
 Phone: (916) 518-3100 Fax: (916) 574-8618
 www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
 Department of Consumer Affairs
 Gavin Newsom, Governor



BUSINESS BACKGROUND AFFIDAVIT

This form is completed for the applicant business and signed by the owner, officer, member, or stockholder of that business. This form is also completed for any entity that owns the applicant business and signed by the authorized agent. The authorized agent must be authorized to act for and bind the company. All blanks must be completed; if not applicable enter "N/A.". Failure to complete the form and provide the required information may result in the application being considered incomplete. Attach additional sheets of paper, if necessary.

Please identify the business this form is being completed for: **A. Applicant Business** _____
B. Owner/Parent _____

A. Applicant Information

 Name of Applicant Business

 Address of Applicant Business Street City State Zip Code

Position with the Applicant Business is: (Check all that apply)
 _____ Owner _____ Partner _____ Officer _____ Stockholder _____ Member
 _____ Government Representative _____ Administrator _____ Trustee
 _____ Other, please specify the position _____

B. Name of Owner

 Name of Parent Entity listed as Owner on Application

 Address Street City State Zip Code

 Email Address Telephone Number

 Name of Authorized Agent Telephone Number

Authorized Agent's position with this business is:
 _____ Owner _____ Executive Officer _____ Member _____ Manager _____ Principal _____ Other Specify _____

1. Is this business currently, or has it in the previous five years, been an owner, member, or partner of any partnership, corporation, firm, or association whose application for a license has been denied or whose license has been revoked, suspended, or been placed on probation in California or any other state? **Yes** ___ **No** ___ If Yes, provide the following information for each action taken, including licenses cancelled. (Use additional sheets if necessary)

State	Company Name	Type of License & License Number	Position Held	Type of Action	Year of Action

2. Has this business ever been in violation of any provisions of California pharmacy law, including regulations? **Yes** ___ **No** ___ If "yes," list each type of violation, license type, type of action, year of action and state. (Use additional sheets if necessary.)

State	Company Name	Type of License & License Number	Position Held	Type of Action	Year of Action

3. Has this business ever been convicted of, or pled no contest to, a violation of any law of a foreign country, the United States or of any state or local ordinances? This includes all **misdemeanor and felony convictions**, regardless of the age of the conviction, **including those** which have been set aside and/or dismissed under Penal Code sections 1210.1 or 1203.4. **Yes** ___ **No** ___

Applicant Affidavit Please read carefully and sign below.

I hereby certify and affirm under penalty of perjury, under the laws of the State of California, that: (1) I am a person authorized to act for and bind the applicant and I am at least 18 years of age; (2) I have read the foregoing background certification and know the contents thereof and each and every statement made therein is true; (3) I understand that falsification of any information in this affidavit may constitute grounds for denial or subsequent revocation of the license; (4) no other person other than the applicant [or applicants'] has any direct or indirect interest in the applicant's [or applicants'] business to be conducted under the license for which this affidavit is made; all supplemental statements filed with this affidavit are true, complete and accurate.

Original Signature

Date



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SELLER'S CERTIFICATION

INSTRUCTIONS: This form is to be completed by the seller and submitted with the application for a change of ownership by the prospective owner. A copy of the pending purchase agreement must be attached. Please print or type.

NOTICE: The license is not transferable, and the current owner of record must maintain operations and control of the licensed premises (including renewing the license) until the change of ownership is approved by the California State Board of Pharmacy. Proof of authority to sell by any person, other than a person whose name appears on the California State Board of Pharmacy license record, must accompany this certification.

This will certify that _____
 Name of Seller

has agreed that on _____ Seller shall transfer _____
 month/day/year (all, half, etc.)

of the right, title and interest in _____
 Name of Facility License Number

Located at _____
 Address City State Zip Code

List the Name of all Buyer(s)

On completion of this sale and approval of the new license, the original license, and the current renewal must be returned to the California State Board of Pharmacy.

Under penalty of perjury under the laws of the State of California, each person whose signature appears below certifies and says that (If the seller is a partnership, all partners must sign below):

1. Is the licensee, named in this Seller's Certification, duly authorized to make this sale;
2. Is listed on the current license; and
3. All statements made in this Seller's Certification are true and correct.

Signature of Seller	Name (please print)	Title	Date
Signature of Seller	Name (please print)	Title	Date
Signature of Seller	Name (please print)	Title	Date