



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

**INSTRUCTIONS FOR (OPTIONAL) APPLICATION
FOR A TEMPORARY RESIDENT / NONRESIDENT PHARMACY LICENSE**
(BPC § 4110)

A temporary license may be requested when needed to protect public safety. A temporary license may be issued for a period not to exceed 180 days, and may be issued subject to terms and conditions the board deems necessary.

A temporary license application is not required to apply for a Community Pharmacy or Nonresident Pharmacy license. An application for a temporary license will be evaluated in conjunction with the review of the Community Pharmacy or Nonresident Pharmacy application. Submission of a temporary license application does not guarantee issuance of a temporary license.

If the board determines a temporary license was issued by mistake or denies the application for a permanent license or registration, the temporary license or registration shall terminate.

To apply for a temporary pharmacy license, please submit:

- Application for A Temporary License: Community Pharmacy / Nonresident Pharmacy License Application (17A-101):** Complete this entire application (first page of this form) and submit with original signatures.
- Temporary License Fee \$325:** Include a check or money order for \$325.00 made payable to the Board of Pharmacy.
- Community Pharmacy Application (17A-4) or Nonresident Pharmacy Application (17A-57):** Complete the entire application and submit with original signatures.
- Application Processing Fee \$520:** Include a check or money order for \$520.00 made payable to the Board of Pharmacy. This fee is nonrefundable.
(Note: Government owned pharmacies are fee exempt.)
- Temporary License Explanation Letter:** Please include a written statement signed by the owner / partner / officer / member that clearly explains why it is in the best interest of the public that the board should issue the facility a temporary license. Please include the pharmacy name, address, and license number where applicable.

Please also include the following to assist with the facilitation of the board's review:

- Organizational Chart or Corporation Ownership Information form (17A-33)/Partnership or Individual (17A-34) and Parent Corporation or Limited Liability Company Ownership Information form (17A-33A):** If submitting corporation ownership forms, please include all levels of ownership.
- License Verification:** If submitting a Nonresident Pharmacy application, please include license verification from the pharmacy's home state. Please be sure the state seal is embossed on the license verification.
- For a Change of Ownership: Seller's Certification / Pending Purchase Agreement:** Please include the Seller's Certification and a copy of the pending purchase agreement. A copy of the final sale/closing documents will need to be submitted prior to issuance. *A change of ownership requires board approval prior to the sale occurring. All approved change of ownership applications results in a new license number being issued.*
- For a Change of Location: Lease or tentative lease agreement:** Please include an executed or tentative lease agreement. *A change of physical location requires board approval prior to the change occurring. All approved change of location applications results in a new license number being issued*

Note: Requirements listed on the Community Pharmacy Application (17A-4) or Nonresident Pharmacy Application (17A-57) must be met prior to full licensure.



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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
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GOVERNOR EDMUND G. BROWN JR.

**APPLICATION FOR A TEMPORARY LICENSE (Max 180 days)
COMMUNITY PHARMACY / NONRESIDENT PHARMACY LICENSE**

(Pursuant to Business and Professions (BPC) § 4110, you may use this application to apply for a temporary license in conjunction with a complete Community Pharmacy/Non-Resident Pharmacy License Application (Form 17A-4 / 17A-57).

Please print or type

Name of applicant business:	Telephone Number: ()
Address of applicant business:	Anticipated Open Date:

Statements made on this document incorporate it by reference and supplement the applicant's Community Pharmacy/Non-Resident Pharmacy License Application (Form 17A-4 / 17A-57).

Is the applicant business controlled by, or is 10% or more of the stock owned by, a person or persons authorized to prescribe or write a prescription? (See BPC § 4111 – Restrictions on Prescriber Ownership). Yes No

Have you or the applicant business ever been found to be in violation, or charged with, any violation of any provision of pharmacy law, in California or any other jurisdiction? **If yes, please include the state or other jurisdiction, disciplinary case or citation number, and a written summary of the violation(s).** Yes No

Have you or the applicant ever been convicted of a felony? Yes No

Has any person serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of the applicant been notified that he or she is not eligible to serve in such capacity? Yes No

Signature Block

By my signature below, I represent that: (1) I am a person authorized to act for and bind the applicant; (2) I have read the foregoing application, including any supplemental statements, know its contents, and declare that each and every statement made in this application is true; and (3) I understand that falsification of any information on this application may be grounds for denial or revocation of the license.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Proposed PIC	Name (please print)	License No.	Date
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Signature of Corporate Officer, Partner or Owner	Name (please print)	Title	Date
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FOR OFFICE USE ONLY

STAFF REVIEW		CASHIER LOG	
<input type="checkbox"/> Org Chart/Own Docs	<input type="checkbox"/> Final Sale Docs	Approved _____	Cashier # _____
<input type="checkbox"/> Comm Pharm App	<input type="checkbox"/> Agent (NRP)	Denied _____	Date _____
<input type="checkbox"/> Temp Explanation	<input type="checkbox"/> SQR (NRP)	Date _____	Amount of fee _____
<input type="checkbox"/> Lease	<input type="checkbox"/> Lic Verif (NRP)		