

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



DISCONTINUANCE OF BUSINESS

Do not complete this form if you are changing ownership or location. Contact the California State Board (Board) of Pharmacy immediately for the proper application packet.

Please complete this form and send it to the Board at the address above with original signatures. Include the large wall license, current renewal certificate and a copy of the inventory.

Contact the Drug Enforcement Administration for instructions regarding their registration and order books. The telephone number of the office nearest you can be found at the DEA website at: http://www.usdoj.gov/dea/agency/domestic.htm.

·		License Number			
Address Street		City	State	Zip Code	
Month, Day, and Year Business will be Discontinued		DEA Number, if applicable			
Contact Person	Email of contact perso	Email of contact person for this facility		Telephone Number	
2. Prescription inventory will Name of Licensed Facility	l be transferred to:		 License Number		
	l be transferred to:	City	License Number	Zip Code	
Name of Licensed Facility	Email of contact perso	· 		Zip Code	
Name of Licensed Facility Address Street	Email of contact perso 4333 of the Business and Pros, including prescription files,	n for this facility fessions Code, all r	State Telephone Nun	Zip Code nber on and	

	3. All records of acquisition and disposition of dangerous drugs will be maintained at the following location:							
Name	e of Board-Licensed	License Number						
Addre	ess Street		City	State Zip Code				
Contact Person Contact Person's Em			Telephone Number					
of	f disposition be mai	n, sections 4081 and 4333 of the Bu ntained. A detailed inventory of all fessions Code) being transferred is	"dangerous drugs"	·				
Α.	. An inventory of a	II dangerous drugs was taken on	Month/day/	and a copy of the //year				
	inventory has bee	en given to the owner and the purch	naser, if a change o	of ownership.				
В.	Attached is a cop	y of the inventory Yes	_ No IF, No list the	e reason there is no inventory:				
C.	Name of the Pha	rmacist-in-Charge/Designated Repre	esentative-in-Charg	ge/Responsible Manager				
Name				License Number				
Address Street			City	State Zip Code				
Email				Telephone Number				
		ty of perjury under the laws of the sand representations made on this		•				
Signa	ture of Pharmacist-	in-Charge/Designated Representati	ve-in-Charge/Resp	onsible Manager Date				
st th	atements, answers ne owner/binding o	ty of perjury under the laws of the sand representations made on this officer of the licensed facility that is ached after the business has closed	form including all closing, provide y	supplementary statements. A				
Signa	ture of Owner			Date				
Print	Name of Owner			Email Address				
PLEAS	gth provided in the	City S nnot be transferred that do not con latest edition of the USP or NF or w Division 21, Commencing with Sect	hich violate any pr	ard and tests as to quality and ovision of the Sherman Food,				