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

APPLICATION INSTRUCTIONS
COMMUNITY PHARMACY LICENSE

General Application Requirements/Reminders

- Read and follow all instructions completely.
- Use these instructions as a checklist to ensure your application is complete.
- If more forms are needed, print additional copies.
- Do not submit incomplete or redacted documents, they will be rejected and will cause a deficiency.
- Review of your application: The Board will send to the designated contacts listed on the application an email acknowledging receipt of the application after the payment has been processed.
- The Board will communicate via email to the designated contact person(s) listed on the application the status of the application after the application has been reviewed.
- Ensure the designated contact person(s) can respond if additional information is requested.

Meaning of "person" (BPC § 4035)

- California Business and Professions Code (BPC) section 4035 states that "person" includes, but is not limited to, firm, association, partnership, corporation, limited liability company, state governmental agency, trust, or political subdivision.
- Wherever the term "person" is used in these instructions, the Community Pharmacy License Application, the Ownership Information form, or any affidavit submitted in support of a Community Pharmacy License Application, such term shall mean "person" as defined in BPC section 4035.
- If the applicant is other than a natural person, the application shall state the information as to each person beneficially interested therein or any person with management or control over the license. (BPC § 4201(a).)

Meaning of "person beneficially interested" (BPC § 4201(b))

Wherever the term "person beneficially interested" is used in these instructions, the Community Pharmacy License Application, the Ownership Information form, or any affidavit submitted in support of a Community Pharmacy License Application, such term shall have the meaning set forth in BPC section 4201(b), which states that the term "person beneficially interested" means and includes:

- If the applicant is a partnership or other unincorporated association, each partner or member.
- If the applicant is a corporation, each of its officers, directors, and stockholders, provided that a natural person shall not be deemed to be beneficially interested in a nonprofit corporation.
- If the applicant is a limited liability company, each officer, manager, or member.

Ownership Disclosure Requirements

- Provide complete information identifying the ownership structure of the applicant business.
- Include all levels of ownership if multiple layers exist.
- The Board may request additional documentation to confirm or substantiate any information provided in the application, including, without limitation, the reported ownership structure.

Signatures

- Any time a signature is required, it must be an original wet signature or a digital signature that complies with California Code of Regulations, title 16, section 1700. All documents with digital signatures shall be emailed to the Board.

WHEN SUBMITTING DOCUMENTS TO THE BOARD, KEEP A COPY FOR YOUR RECORDS.

CHECKLIST FOR FILING A COMMUNITY PHARMACY LICENSE APPLICATION
Some references to the California Business and Professions Code (BPC) and California Code of Regulations (CCR) title 16, are included. Visit the Board's website to access The Pharmacy Law Book and information related to pending regulations and statutory changes.

SECTION A. FEE(S): ALL APPLICANTS

☐ **APPLICATION FEE: $750** (non-refundable): Include a check or money order made payable to the California State Board of Pharmacy.
- ☐ **Optional - Temporary License Fee**: **$1,600** (non-refundable once temporary request and application has been reviewed.)
  - This fee is in addition to the primary application fee.
  - Temporary licenses may be issued by the Board at its discretion, upon such conditions and for such periods of time, not to exceed 180 days, as the Board determines to be in the public's interest.
  - If other than a change of ownership and/or location, include a written letter signed by the owner, partner, officer, member, etc., that clearly explains why a temporary license is needed to protect public safety.

☐ **FINGERPRINT CARD FEE(S): $49 per natural person, if applicable**
Reference Section D for the fingerprint requirements.

SECTION B. COMMUNITY PHARMACY LICENSE APPLICATION (17A-4): ALL APPLICANTS

ITEMS LISTED IN THIS SECTION ARE REQUIRED TO BE SUBMITTED WITH EACH PHARMACY LICENSE APPLICATION

☐ **COMMUNITY PHARMACY LICENSE APPLICATION** (17A-4) Complete the entire application (rev. 9/2026), marking N/A if not applicable. If the application is submitted via email with digital signatures, send the application fee(s) by mail accompanied by a printout of page 1 of the completed application, so that the Board can associate the fee(s) with the correct application. **An application will not be reviewed until both the application and the appropriate fee(s) have been received.**

COMMUNITY PHARMACY LICENSE APPLICATION CONTENT REQUIREMENTS (ITEMS 1-17 on the application)

1. **Type of Application**: Identify the type of application and include the anticipated opening, change of ownership, or change of location date, as applicable. Include the temporary license fee if requesting a temporary license.

2. **Applicant Facility Information**:
   - List the pharmacy's name to appear on the license. If using a fictitious business name, list the Doing Business As (DBA) name and submit a copy of the Fictitious Business Name Statement certified by the Office of the County Clerk in the county in which filed.
   - Include a room/suite number in the address if the pharmacy is not the only business in the building.
   - Include the pharmacy's email address and telephone number.

3. **Applicant Legal Entity Information:**
   A. List the official, registered name of the legal entity for the applicant facility, the location of the legal entity's business address, and the Federal Employer Identification Number (FEIN), email address and telephone number.
   B. Identify the business ownership type. Include a business ownership organizational structure/chart that clearly documents 100% of the business's ownership, including all individuals and entities up through the highest level.

4. **Type of Pharmacy Services to be Provided**: Identify **all** pharmacy services that will be provided by the pharmacy.

5. **Contact Person:** The individuals listed in this section will be the designated authorized contact for the Board to correspond and communicate with regarding the application.
   - 5A, list the individual who is the authorized contact person.
   - 5B, list an owner/officer of the applicant identified in Section 14 and/or 15 of the application. The owner/office must provide their direct phone number and email address. The Board will not accept a consulting agency or attorney's email and phone number for the owner/officer.
   - 5C, identify if the Board is authorized to communicate the status of the application to the proposed PIC.
   - **5D Change of Ownership Only:** Identify if the Board is authorized to communicate the status of the application with the current owner on record.

   Note: If additional individuals need to be included in the Board's correspondence, submit a completed Authorization to Release Applicant Information form (see last page of the application) signed by an owner/officer of the applicant identified in Section 14 and/or 15 of the application.

6. **Change of Ownership or Location:** Only answer Section 6, if applying for a change of ownership or change of location.
   - **6F Change of Ownership Only:** Answer yes if the pharmacy is subject to the Attorney General's approval as a retail grocery firm or retail drug firm as set forth in Corporations Code sections 14700 et seq., or any similar provision of California law?

   NOTE: A pharmacy license is nontransferable from one owner or location to another. Any transfer of a beneficial interest in a business entity licensed by the Board, in a single transaction or in a series of transactions, to any person, which transfer results in the transferee's holding 50% or more of the beneficial interest in that license, constitutes a change of ownership. Change of ownership/change of location applicants must apply to the Board prior to the proposed change of ownership transaction/change of location taking place. If the change of ownership and/or change of location application is approved by the Board, a new license number will be issued and the prior license will be automatically cancelled. 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: Submit the following with the Community Pharmacy License Application:
   - **Organizational Chart:** Include **both** the pre- and post-closing organizational structure charts clearly documenting the applicant's ownership structure. Include in each level of ownership (1) the corresponding percentage of ownership held by all persons and (2) any person(s) with management or control.
   - **Seller's Certification (17A-8):** The Seller's Certification must be signed by an owner/officer listed on the current license.

- **Proposed Purchase/Asset Agreement:** Provide an unredacted copy of the complete, proposed purchase/asset agreement signed by all parties.
- **Closing Documents:** If the change of ownership application is approved by the Board, prior to the issuance of the new pharmacy license, the applicant will receive a request for a copy of the final sale/closing documentation referenced in the executed purchase agreement and will be required to submit documentation that the transaction has closed. Upon approval of the change of ownership, a new license number will be issued, and the prior license will be automatically cancelled.

Change of Location: All required documents outlined in these instructions are required for a change of location unless otherwise specified in the instructions. Upon approval of the change of location, a new license number will be issued, and the prior license will be automatically cancelled.

Change of Location as A Result of a Natural Disaster or Declared Federal, State, or Local Emergency: A pharmacy that is destroyed or severely damaged as a result of a natural disaster or due to events that led to a declared federal, state, or local emergency, may be relocated. The relocation shall not be considered a transfer of ownership or location under BPC section 4110 if no changes are made to the management and control, or ownership, of the pharmacy, and all applicable laws and regulations are followed. Severely damaged means damage that renders the premises unsafe or unfit for entry or occupation (see BPC section 4062(e)).

- Submit a copy of the signed lease agreement or a copy of the grant deed for the new location.
- Submit a letter from your primary wholesaler indicating the new delivery address.
- Submit documentation evidencing the pharmacy has been destroyed or damaged as a result of a natural disaster or declared federal, state, or local emergency.

7. **Pharmacist-in-Charge (PIC):**
   Identification of Proposed PIC
   - Identify a California-licensed pharmacist employed and working at the pharmacy to be proposed to serve as the pharmacist-in-charge (PIC).

   Attestation Statement of Proposed PIC
   - The proposed PIC must complete the Board's Pharmacist-in-Charge Overview and Responsibility Training Course, available on the Board's website, within two years prior to the date of application to serve as a PIC. (Cal. Code of Regs, tit. 16, § 1709.1.)
   - The proposed PIC must complete, sign, and date the attestation statement in Section 8 of the license application.
   - The proposed PIC is subject to approval by the Board. (BPC § 4113.)

   NOTE: Notification of Change of PIC: A pharmacy is required to notify the Board within 30 days when a PIC ceases to act as the PIC and to identify a proposed new PIC. (Bus. & Prof. Code § 4113.)

8. **Sterile Compounding Pharmacy:** Identify if the pharmacy will be applying for a sterile compounding pharmacy. If yes, submit the Sterile Compounding Pharmacy License Application along with this application.

9. **Pharmacy Premises:** Identify whether the pharmacy location is rented or owned.
   - Submit a copy of the signed lease agreement, including any amendments and/or extensions thereto, or a copy of the grant deed.

10. **Franchise:** If yes, report the franchise information. Franchising is a contractual relationship between a licensor (franchisor) and a licensee (franchisee) that allows the business owner to use the licensor's brand and method of doing business to distribute products or services to consumers.
    - Provide a copy of the executed franchise agreement.

11. **Chain Community Pharmacy:** If yes, identify if the pharmacy is part of a "chain community pharmacy" as defined in subdivision (c) of BPC section 4001.

12. **Pharmacy Management Agreement:** If yes, report the management company information if the pharmacy services will be managed by a person other than the direct owner of the pharmacy.
    - Provide a copy of the executed management agreement.

13. **Drug Wholesale Provider/Prime Vendor Information:** Report the source(s) of your dangerous drugs and devices. **Note:** *Non-dispensing pharmacies (i.e., call centers) are not required to complete Section 13.*
    - Submit a complete, unredacted copy of the approved wholesale credit application/agreement signed by a representative of the wholesaler that will be providing dangerous drugs and/or devices to be dispensed by the pharmacy.
    - If the pharmacy does not utilize a wholesaler agreement, submit a complete, unredacted copy of the approved prime vendor agreement with all attachments, including a list of the pharmacies and addresses covered by the agreement.

    Note: If the signatory on the wholesaler agreement is not an owner or officer disclosed as part of this application, include documentation as to the signatory's authority to act on behalf of the applicant in securing the wholesaler agreement.

14. **Officer(s)/Director(s)/ Manager(s)/Trustee(s)/Administrator(s) etc.:** Report the name(s) and ALL title(s) **If a named person serves in more than one capacity, provide ALL titles.** (*i.e.*, President, Chief Executive Officer, Secretary, Treasure, Trustee, etc.) of the officer(s), director(s), manager(s) of a limited liability company, trustee(s) of a trust, and administrator(s) (in the case of government-owned applicants) of, and any other person(s) with fiduciary AND/OR management responsibility for the applicant, *e.g.,* General Partner with management and control. (Note: If the natural person(s) or entity(ies) listed have beneficial interest in addition to fiduciary AND/OR management responsibility they will be listed in both Sections 14 and 15 of the application.)
    - **Individual Personal Affidavit (17A-27):** Each natural person listed in Section 14 is required to complete and submit this form and comply with the fingerprint requirements provided in **Section D** of these instructions.
    - **Ownership Information (17A-33) (entities only):** Complete an Ownership Information form for each person (other than a natural person) listed in Section 14 and submit the required supporting business documents as referenced in **Section C** of these instructions.

    Guidance list of individuals to be reported based on applicant's ownership type:
    - **Sole Proprietorship:** Natural person owner.
    - **Limited Liability Company:** Each natural person(s) identified as a manager and any directors/officer(s) if appointed by the member/manager pursuant to the applicant's operating agreement/limited liability company agreement.
    - **Corporation (including nonprofit corporations):**
        - All officers, including the required officers as set forth in the corporate bylaws/governing documents.
        - All directors of the corporation.
    - **Partnership:** All natural person(s) listed in the partnership agreement.

- **Trust:** All natural person(s) identified as the grantor(s), settlor(s), trustee(s), and/or trust protector(s) of the trust, and any other natural person in any position with management or control of the trust.
- **Government Owned:** The executive director, administrator, warden, or health care chief executive officer (Correctional Pharmacy), and/or medical director (Correctional Pharmacy).
- **Native American Owned:** List the members of the Tribal Council and the administrator/CEO.

15. Applicant Ownership Information: (Note: This section is NOT required for government or tribal owned.) Report all persons (natural person(s) and/or entity(ies)) with an ownership/beneficial interest in the applicant legal entity named in **Section 3** of the application. (i.e. shareholder(s), member(s), partner(s), etc.) This includes identification of the beneficiary(ies) of a trust. List the five person(s) with the largest percentages of interest in the ownership in the applicant legal entity named in Section 3 of this application.

- If the legal entity named in Section 3 of the application is a partnership or other unincorporated association, a limited liability company, or a corporation, report on the application the five partners, members, and/or stockholders who own the five largest interests in the applicant.
- When the ownership exceeds five persons, submit an attachment listing the name(s) and percentage(s) of ownership interest of all other persons beneficially interested.

NOTE: The information provided shall account for 100-percent of the ownership interests in the person listed in Section 3 of the application. Upon request by the Board, the applicant shall furnish the Board with additional information as to all "person(s)" not listed in Section 15 of the application or shall refer the Board to an appropriate source of that information.

Submit the following in support of the application. Submission of the following supporting documents is required for owners who have 10 percent or more beneficial interest in the applicant, regardless of whether such owners are named in Section 15 or listed on an attachment.

A. Individual Personal Affidavit (17A-27): Each natural person with 10 percent or more beneficial interest in the applicant is required to complete and submit this form and comply with the fingerprint requirements provided in **Section D** of these instructions.

B. Individual Financial Affidavit (17A-26): Each natural person with 10 percent or more beneficial interest in the applicant is required to complete and submit this form. (Note: Submission of this form is not required if the applicant is a nonprofit corporation.)

C. Ownership Information (17A-33) (entities only): Submit an Ownership Information form for each person in the applicant's ownership structure (*i.e.*, all direct and indirect owners at all levels) with 10 percent or more beneficial interest and submit the required supporting business documents as referenced in **Section C** of these instructions.

- **Supporting Ownership Documents**: Reference **Section C** of these instructions below for the required supporting documents to be included with the Ownership Information form.

16. Disciplinary Questions: Answer all questions and, if applicable, provide the requested information to all questions answered Yes.

17. Applicant Advisements and Affidavit: Must be signed as instructed in A or B.

A. All natural person(s) listed in Section 14 and/or 15 of the application must sign.

OR

B. If the applicant is other than a natural person (i.e., if the applicant is a legal entity such as a corporation, partnership, LLC, government entity, etc.), the application must be signed by one or more individual(s) listed in Section 14 who have been duly authorized by a formal resolution or consent of the entity to execute and submit the application on behalf of the entity.

NOTE: A copy of the formal, signed resolution or consent MUST be included with this application or all natural person(s) must sign as specified in A above.

ADDITIONAL DOCUMENTATION TO BE SUBMITTED IN SUPPORT OF THE COMMUNITY PHARMACY LICENSE APPLICATION 17A-4.

☐ **Business License:** (Not required for government and tribal owned) Provide a copy of the business license or a signed statement from a binding officer that the city or county does not require a business license.

☐ **Business Ownership Organizational Structure/Chart:** (Reference exemplar charts at the end of the application instructions for different types of entities.) Include a business ownership organizational structure/chart that clearly documents the applicant's ownership structure. Include in each level of ownership (1) the corresponding percentage of ownership held by all persons and (2) any person(s) with management or control.

- If submitting a change of ownership application, include **both** the pre- and post-closing organizational structures.
- Reference exemplar charts at the end of the application instructions to ensure you are providing a detailed business ownership organizational chart.

☐ **Statement of Information/Registration** (Not required for the following person(s) in **Section C**, Sole Proprietorship (C1) or Trust (C7):

- Submit a current copy of the California Secretary of State Filings for the applicant legal entity listed in Section 3 of the application (Reference **Section C** - C2, C3, C4, C5 and C6).
    - Statement of Information or the appropriate Foreign Registration Statement bearing the California Secretary of State's stamp (proof of filing) that discloses the current officers on file for the applicant named in Section 3. For more information, visit the California Secretary of State's Office.

☐ **Supporting Business Documents (Section C):** (Not required for change of location application. **NOTE:** These items or a statement may be requested to meet the current licensure requirements at time of application.)

- Reference **Section C** below for the required supporting business documents with respect to the applicant to be submitted with the application.

☐ **Individual Personal Affidavit (17A-27):** Each natural person listed in Section 14 and 15 is required to complete and submit this form and comply with the fingerprint requirements provided in Section D.

- **Prescriber Ownership**: If the license is sought pursuant to the exception set forth in BPC section 4111(a)(2)(B), the applicant shall provide documentary proof with the application that the two conditions set forth in section 4111(a)(2)(B) have been met. A copy of a fully executed prenuptial agreement may be provided in satisfaction of the foregoing documentation requirement. Any such applicant is advised that certain prohibitions apply to a pharmacy that is granted a license pursuant to the exception in BPC section 4111(a)(2)(B), as specified in section 4111(a)(2)(C).

☐ **Financial Affidavit in Support of Application (17A-2):** (Not required for government, tribal owned and change of locations.) This form is required to be submitted to provide the funding source information for the applicant and should be signed by an owner/officer executing the Community Pharmacy License Application and listed in Section 14 and/or 15 of the application.

- **Bank Statements:** See form (17A-2) for specific instructions on what to provide.

☐ **Individual Financial Affidavit (17A-26):** (Not required for nonprofit corporations or change of location application.) Each natural person financially contributing to the funding of the applicant business listed in Section 3 of the license application is required to complete and submit this form.

☐ **Ownership Information Form (17A-33) (entities only):** This form is required to be submitted for each person(s) listed in **Section 14 and Section 15** of the Community Pharmacy License Application **AND for all additional levels** of ownership beneficially interested therein or any person (other than a natural person) with management or control over the license.

- Include with each Ownership Information form a copy of the appropriate supporting documents as identified for the respective business type listed in **Section C** below.

SECTION C. SUPPORTING BUSINESS DOCUMENTS/REPORTING REQUIREMENTS

Submit the appropriate supporting business documentation for all person(s) listed in Section 14 and/or 15 of the application, and as instructed on the Ownership Information Form(s) (17A-33).

C1 SOLE PROPRIETORSHIP

☐ **Operational Business Plan:** Submit a copy of the pharmacy's operational business plan, or equivalent document.

C2 LIMITED LIABILITY COMPANY

☐ **Articles of Organization**: Submit a copy of the Certificate of Formation or Registration or Articles of Organization, and any amendments thereto, filed with the Secretary of State where organized, formed or registered bearing the Secretary of State's stamp (proof of filing).

☐ **Filing / Officers**: Submit a copy of the current filing with the Secretary of State where organized, formed or registered (showing proof of filing) that discloses the current member(s), manager(s) and if applicable the officer(s) on file for the entity.

☐ **Evidence of Good Standing:** If registered, formed or organized outside of California, provide a Certificate of Good Standing from the Secretary of State where registered, formed or organized.

☐ **Operating Agreement**: Provide a current **unredacted** copy of the current operating agreement/limited liability company agreement, including **all** exhibits and/or schedules.

☐ **Identify** all members **and** manager(s), **and** any officers if appointed by the member/manager pursuant to the operating agreement/limited liability company agreement on the license application and/or ownership form (17A-33).

C3 CORPORATION (NOT PUBLICLY TRADED)

☐ **Articles of Incorporation**: Submit a copy of the Articles of Incorporation and any amendments thereto, filed with the Secretary of State where incorporated bearing the Secretary of State's stamp (proof of filing).

☐ **Filing / Officers**: Submit a copy of the current filing with the Secretary of State where incorporated (showing proof of filing) that discloses the current officers on file for the entity.

☐ **Evidence of Good Standing:** If incorporated outside of California, provide a Certificate of Good Standing from the Secretary of State where incorporated.

☐ **Bylaws**: Provide a complete, unredacted copy of the corporate bylaws and any amendments thereto, with all exhibits, schedules and attachments referenced therein.

☐ **Stock Ledger and Stock Certificates**: Provide a copy of the stock ledger and copies of each stock certificate, front and back (this includes cancelled stock certificates). If stock certificates are not issued, provide a statement that states as such signed by an officer listed on the application.

☐ **Identify Natural Person(s)** with management and control of the corporation on the license application and/or ownership form (17A-33).

C4 NON-PROFIT CORPORATION

- ☐ **Articles of Incorporation**: Submit a copy of the Articles of Incorporation and any amendments thereto, filed with the Secretary of State where incorporated bearing the Secretary of State's stamp (proof of filing).
- ☐ **Filing / Officers**: Submit a copy of the current filing with the Secretary of State where incorporated (showing proof of filing) that discloses the current officers on file for the entity.
- ☐ **Evidence of Good Standing:** If incorporated outside of California, provide a Certificate of Good Standing from the Secretary of State where incorporated.
- ☐ **Bylaws**: Provide a complete, unredacted copy of the corporate bylaws and any amendments thereto, with all exhibits, schedules and attachments referenced therein.
- ☐ **Tax-Exempt Status**: Provide evidence of tax-exempt status, such as IRS letter.
- ☐ **Identify Natural Person(s)** with management and control of the corporation on the license application and/or ownership form (17A-33).

C5 PUBLICLY TRADED CORPORATION

- ☐ **10K Filing**: Include a copy of the top sheet of the last 10K filed with the US Securities and Exchange Commission that identifies the CIK filing number, and submit copies of any item, exhibit or schedule that lists the executive officers, directors, subsidiaries, Bylaws and Articles of Incorporation. Status with the US Securities and Exchange Commission must be active.
- ☐ **Submit a list** of the five largest shareholders that own ten percent or more of stock. If no shareholder holds ten percent or more of stock, provide a statement signed and dated by an authorized officer of the corporation.
- ☐ **Identify Natural Person(s)** with management and control of the corporation on the license application.

C6 LIMITED PARTNERSHIP

- ☐ **Certificate of Limited Partnership:** Submit a copy of the Certificate of Limited Partnership or like registration and any amendments thereto, filed with the Secretary of State bearing the Secretary of State's stamp (proof of filing) in the state where registered.
- ☐ **Filing / Officers:** Submit a copy of the current filing with the Secretary of State where registered (showing proof of filing) that discloses the current partners and if applicable the officer(s) on file for the entity.
- ☐ **Evidence of Good Standing:** If the limited partnership is formed outside of California, provide a Certificate of Good Standing from the Secretary of State where registered.
- ☐ **Partnership Agreement:** Provide a complete, unredacted copy of the executed partnership agreement and any amendments thereto, with all exhibits and attachments referenced therein.
- ☐ **Identify Natural Person(s)** with management and control of the partnership on the license application and/or ownership form (17A-33).

C7 TRUST – Required documents per California Code of Regulations, title 16, section 1709(d).

- ☐ **Trust Document:** Provide a complete **unredacted** copy of, and any amendments to, the trust document. A trust document and any related amendments shall be considered confidential financial documents by the Board.
- ☐ **A list of the beneficiary(ies)** age 18 or older, including name, address, phone number, and email address. Where the beneficiary is under age 18, the guardian of the beneficiary(ies) shall be identified.
- ☐ **Identify all Natural Person(s)** listed as the grantor(s), settlor(s), trustee(s), and/or trust protector(s) of the trust with their name, address, phone number, and any email address on the license application and/or ownership form (17A-33).

C8 GOVERNMENT OWNED (CITY, STATE, AND COUNTY)

- ☐ **Letter of Verification:** Submit a letter of verification on letterhead from the county public health department, health district, or the board of supervisors indicating that the facility is government owned.
- ☐ **Professional Director:** Submit a statement on letterhead signed by the appropriate governing authority indicating the name of the professional director or responsible party for the pharmacy operation.
- ☐ **Organizational Structure:** Provide an organizational chart that clearly identifies the administrator or the person responsible for the operations of the pharmacy within the government agency.

C9 CORRECTIONAL PHARMACIES (CITY, STATE, OR COUNTY OWNED CORRECTIONAL/JAIL FACILITIES)

- ☐ **Letter of Verification:** Submit a letter of verification on letterhead from the county public health department, health district, or the board of supervisors indicating that the facility is government owned.
- ☐ **Professional Director:** Submit a statement on letterhead signed by the appropriate governing authority indicating the name of the professional director or responsible party for the pharmacy operation.
- ☐ **Organizational Structure:** Provide an organizational chart that clearly identifies the administrator or the person responsible for the operations of the pharmacy within the government agency.
- ☐ **Letter signed** by the warden, chief executive officer, or director on letterhead stating the facility is a city, state, or county owned correctional/jail facility.

C10 NATIVE AMERICAN

- ☐ **Copies of official documents** from the U.S. Department of Interior, Bureau of Indian Affairs, identifying the official tribe.
- ☐ **Provide a copy** of the constitution **and** bylaws establishing the tribal council that will be the governing entity of the pharmacy.
- ☐ **Provide a List of** the members of the Tribal council and the administrator/CEO.

C11 NON-NATIVE AMERICAN OWNED OPERATING ON TRIBAL LANDS

- ☐ **Official Business Documents**: A copy of the business documents filed with the Native American tribe. (Reference the type of business entity in **Section C** for the business documents to provide.)
- ☐ **Statement of Information/Verification**: Provide a letter endorsed by the Native American Tribe.
- ☐ **Copies of official documents** from the U.S. Department of Interior, Bureau of Indian Affairs, identifying the official tribe.
- ☐ **Provide a copy** of the constitution **and** bylaws of the tribal council that will be the governing entity of the pharmacy.
- ☐ **Submit documents** describing the agreement(s) with the Native American tribal council to operate the pharmacy on tribal land.
- ☐ **List the appropriate natural person(s)** with management and control of the pharmacy business on the license application.

SECTION D. FINGERPRINT REQUIREMENTS - ALL APPLICANTS

Each **natural person** who is required to complete an Individual Personal Affidavit in connection with this Community Pharmacy License Application (see instructions for Sections 14 and 15) is required to complete Live Scan fingerprinting or submit Board-approved fingerprint cards and the fingerprint processing fee. If a person is currently associated with an active pharmacy license as an owner/officer and has electronic fingerprints on file with the California State Board of Pharmacy, new fingerprints may not be required.

FINGERPRINT CHECKLIST FOR APPLICANTS Complete and attach **ONE** of the following (either A or B):

A. For California Residents – LIVE SCAN Only

- ☐ Bring the Fingerprint Requirements and Live Scan Instructions (included with the application packet) to the Live Scan operator at an approved California Live Scan location.
- ☐ Complete the Live Scan.
- ☐ Verify **ALL** personal information is correct (name, date of birth, and SSN are mandatory) before the operator submits it.
- ☐ Confirm the operator selects both DOJ and FBI levels of service.
- ☐ Obtain the Live Scan receipt after fingerprinting.
- ☐ Attach a copy of the completed Live Scan receipt to your application.
- ☐ Ensure all information on the receipt is accurate.

B. For Non-California Residents – Fingerprint Cards

(Only if you cannot complete Live Scan in California)

- ☐ Request official fingerprint cards from the California State Board of Pharmacy website.
- ☐ Complete two rolled fingerprint cards per individual.
- ☐ Ensure **ALL** your personal information is typed or printed legibly on the cards.
- ☐ Have cards completed at a DOJ/FBI-authorized facility (e.g., local law enforcement).
- ☐ Include with the application fee the $49 fingerprint card processing fee per person (check or money order payable to the California State Board of Pharmacy).
- ☐ If submitting with your application fee, confirm all fees are in the correct amount.
- ☐ Understand that fingerprint card processing takes about six weeks.
- ☐ Ensure prints are high-quality to avoid rejection and delays.

SECTION E. LIST OF COMMON DEFICIENCIES

The following are examples of common deficiencies observed by the Board, which can lead to delays in application processing and, if not timely corrected, can result in the application being deemed to have been abandoned. The Board encourages all applicants to review and avoid these common mistakes.

- Missing fees.
- Incomplete application or forms.
- Missing supporting documentation for the applicant and/or owners in the applicant's ownership hierarchy.
- Supporting documents do not reflect or support the information reported on the application or Ownership Information form(s).
- Submission of redacted documents.
- Signatures are not original or do not comply with California Code of Regulations, title 16, section 1700.
- Date in signature block is left blank.
- Failure to disclose all direct and indirect owners.
- Failure to submit deficiency items with a copy of the deficiency notice when mailing items to the Board.
- If not typing the application, completing it using any writing implement other than a blue or black ink pen.
- Submitting incomplete fingerprint cards, or not submitting a copy of the completed Live Scan form when fingerprinted in California, for any individual who is required to be fingerprinted.

SAMPLE APPLICATION BUSINESS REQUIREMENTS

Y Pharmacy LLC dba BEST PHARMACY

Applicant Business
Y Pharmacy LLC
DBA Pharmacy Y

- **17A 4 Complete Pharmacy Application & Fee(s)**
  - **DBA BEST PHARMACY Item 1A of Application (Name listed on License)**
    - Requires a Fictitious Business Name Statement to be submitted.
  - **Y Pharmacy LLC Item 1B of Application (Legal Name of Limited Liability Company)**

- **Submit a Business Ownership Organizational Structure Chart**

- **17A 4 Pharmacy Application Item 12** Reference the Application Instructions for guidance on person(s) to report.

- **17A 4 Pharmacy Application Item 13** Reference the Application Instructions for guidance reporting beneficial interest.

- **Individual Personal Affidavit (17A 27):** Each individual listed in Section 12 and/or 13 of the application is required to complete and submit this form.

- **Individual Financial Affidavit (17A 26):** Each person listed in Section 13 is required to complete and submit this form. (Not required for nonprofit corporations.)

- **Ownership Information (17A 33):** Complete an Ownership Information form for each owner (other than a natural person) in the applicant's ownership hierarchy (*i.e.*, all direct and indirect owners at all levels) and submit the required supporting business documents as referenced in **Section C** of the application instructions.

- **Supporting Ownership Documents**: Reference **Section C** of the application instructions for the required supporting documents to be included with the application for the applicant named in item **1B** of the application.

- **Financial Affidavit in Support of Application (17A 2):** (*Not required for government or tribal owned.)* This form is required to be submitted to provide the funding source information for the applicant, and should be signed by the same individual(s) executing the Community Pharmacy License Application.
  - Submit copies of financial documents as referenced in the application instructions.

- **Submit a copy of the Drug Wholesale Provider/Prime Vendor Information.**

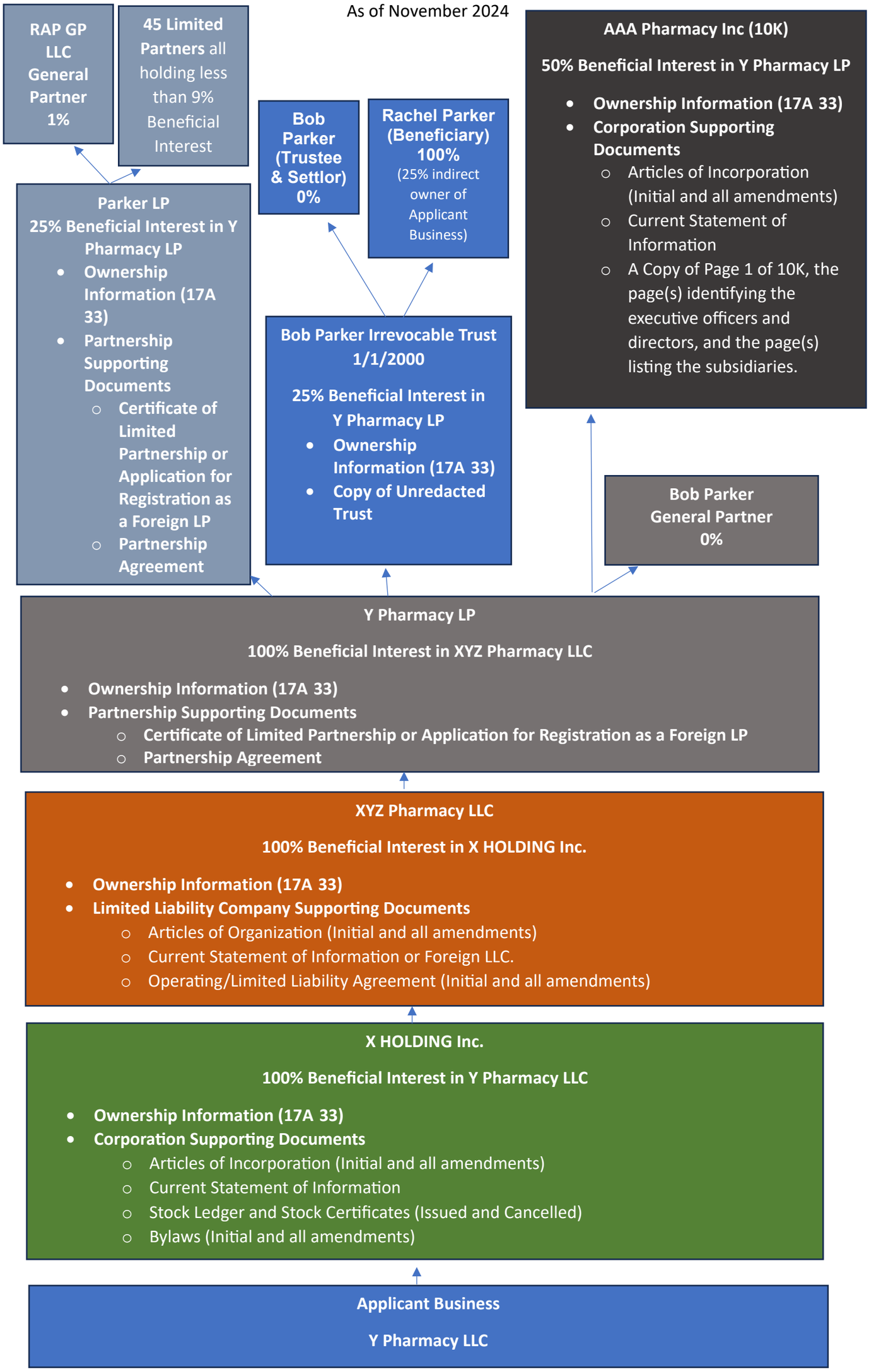
- **Submit a copy of the signed lease agreement, including any amendments and/or extensions thereto, or a copy of the grant deed.**

SAMPLE APPLICANT BUSINESS ORGANIZATIONA CHART
Y Pharmacy LLC dba BEST PHARMACY

As of November 2024

SAMPLE ORGANIZATIONAL CHART
Y Pharmacy LLC – Applicant Business

As of November 2024



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

COMMUNITY PHARMACY LICENSE APPLICATION

Read the application instructions prior to completing the application. The applicant pharmacy shall not conduct business in California unless and until a license is issued by the California State Board of Pharmacy. The information requested on this application is used to determine qualifications for licensure of a pharmacy under California Pharmacy Law. Failure to provide the requested information may result in the application being considered incomplete. **Print in blue or black ink or type. Complete all sections of the application; if not applicable, enter N/A.**

1. TYPE OF APPLICATION

☐ Request for a Temporary License (must include the temporary license fee)
☐ New ☐ Change of Ownership ☐ Change of Location _____ Anticipated Open/Transaction Date

2. APPLICANT FACILITY INFORMATION (License will print only the first 65 characters, including spaces.)

_____
Name to appear on the License, which may be a DBA.

_____
Physical Location Address Street City State Zip Code

_____
Email Address of Pharmacy Telephone # of Pharmacy

3. APPLICANT LEGAL ENTITY INFORMATION

A. _____
Legal Entity/Business Name FEIN#

_____
Legal Entity Business Address Street City State Zip Code

_____
Legal Entity Email Address Telephone Number

B. TYPE OF BUSINESS OWNERSHIP

☐ Sole Proprietorship
☐ Limited Liability Company
☐ Corporation ☐ Professional Corporation ☐ Nonprofit ☐ Publicly Traded Corporation
☐ Partnership
☐ Trust
☐ Government Owned ☐ City ☐ County ☐ State ☐ University
☐ Native American ☐ Non-Native American Operating on Tribal Land

4. TYPE OF PHARMACY SERVICES TO BE PROVIDED Check all that apply.

☐ Retail ☐ Board & Care ☐ Call Center
☐ Mail Order ☐ Skilled Nursing Facility ☐ Home Health Care/Infusion Therapy
☐ Central Fill ☐ Specialty Pharmacy ☐ Correctional Facility
☐ Other, please specify_____

For Board Use ONLY Date Cashiered: _____
Date Processed: _____ Date Issued: _____ Receipt #: _____
Processed by: _____ Issued by: _____ Amount Received: _____

5. **CONTACT PERSON** The Board will discuss the status of this application ONLY with the authorized designated contact person listed below. An owner/officer listed in Section 14 and/or 15 **MUST** be listed as a contact in this section with their direct contact number and email address to be included in **all** communications regarding the application. An owner/officer listed in Section 14 and/or 15 may designate additional individuals to receive information on this application by submitting an Authorization to Release Applicant Information form (see last page of this application).

A. _____

Name of Authorized Contact Person | Telephone Number | Email Address

B. _____

Owner/Officer Named in Section 14 and/or 15 | Telephone Number | Email Address

C. **PIC:** Is the proposed PIC listed on this application authorized to receive all status communications regarding this application? ☐ **Yes** ☐ **No**

D. **Change of Ownership ONLY:** The Board will discuss the status of this change of ownership application ONLY with the individual(s) listed above in this Section 5. Check "yes" or "no" below to indicate if the Board is **also** authorized to communicate the status of this change of ownership application with the current owner on record for this pharmacy (*i.e.*, the seller/transferor in the change of ownership transaction).

☐ **Yes** ☐ **No** **If Yes,** list the name of the person the Board is authorized to communicate with and submit a completed Authorization to Release Applicant Information (see last page of this application) signed by an individual listed in Section 14 and/or 15 of this application. **NOTE: The person named below must be listed on the current pharmacy license.**

_____

Name

6. **CHANGE OF OWNERSHIP OR LOCATION, if applicable:** Provide the exact name, address, and license number as listed on the current pharmacy license.

A. _____

Name listed on the license

_____

Physical Location Street | City | State | Zip Code

_____

Current license number | Expiration Date of License

B. Does the current pharmacy have an approved offsite storage waiver?
☐ **Yes** ☐ **No** **If Yes,** visit the Board's website to submit a new offsite storage waiver request.

C. Is this pharmacy currently responsible for any Automated Drug Delivery System(s) (ADDS)
☐ **Yes** ☐ **No** **If Yes,** list the ADDS license number(s) and visit the Board's website for the ADDS applications and requirements. _____
Will the pharmacy continue to be responsible for the ADDS under the pharmacy's new location or change of ownership?
☐ **Yes** ☐ **No** **If Yes,** to continue to operate the ADDS, new application(s) are required for each ADDS. The existing ADDS licenses will be canceled upon issuance of the new primary pharmacy license. To continue to operate ADDS, new applications are required for each ADDS

D. Is this pharmacy a Supervising Pharmacy for a Remote Dispensing Site Pharmacy (PHR)?
☐ **Yes,** visit the Board's website for the PHR application and requirements.
☐ **No**

E. Does the current pharmacy have sterile compounding license(s)?
☐ **Yes,** list the sterile compounding license numbers(s) _____
☐ **No**

If Yes, will new sterile compounding license(s) be requested?
☐ **Yes,** is the sterile compounding application(s) being submitted along with this application? ☐ Yes ☐ No, visit the Board's website for the Sterile Compounding Application.
☐ **No**

F. Change of Ownership ONLY: Is the change of ownership subject to Attorney General approval as set forth in Corporations Code sections 14700 et seq., or any similar provision of California law?
☐ **Yes** ☐ **No** **If Yes,** provide the written consent or the waiver from the Office of the Attorney General.
If No, provide a written statement explaining why these provisions do not apply.

7. PHARMACIST-IN-CHARGE (PIC)

IDENTIFICATION OF PROPOSED PIC The proposed PIC serves as the supervisor or manager responsible for ensuring the pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy as well as the pharmacy's policy and practices. The pharmacist-in-charge (PIC) of a pharmacy shall be employed at that location and shall have responsibility for the daily operation of the pharmacy. Prior to approval of the board, and as part of the application and notice process set forth in Section 1709 of this Division ("application"), a pharmacy shall submit its proposed PIC. The PIC shall have completed the board-provided Pharmacist-in-Charge Overview and Responsibility training course, available on the board's website, within two years prior to the date of application. The proposed PIC must be approved by the Board.

NOTIFICATION OF CEASING TO ACT AS PIC: Any PIC who ceases to act as the PIC of a pharmacy shall notify the Board in writing within 30 days of the date of that change in status. (Bus. & Prof. Code § 4101(a).) The pharmacist may complete this required notification by sending the Board a Notification of Disassociation as Pharmacist-in-Charge (PIC) (17A-121) via email to PICstatus@dca.ca.gov.

ATTESTATION STATEMENT OF PROPOSED PIC

My name and license number are correctly set forth below. I have read sections 4036.5, 4081, 4113, and 4330 of the Business and Professions Code and California Code of Regulations, title 16, section 1709.1. I completed the Board's Pharmacist-in-Charge Overview and Responsibility training course on the date set forth below. I declare under penalty of perjury of the laws of the State of California that the information provided in this attestation statement is true and correct.

Date completed the Board's Pharmacist-in-Charge Overview and Responsibility training course (Month/Day/Year) _______________

_____
Printed Name of Proposed PIC California Pharmacist License #

_____
Email Address Telephone Number

_____
Signature of Proposed PIC Date

8. STERILE COMPOUNDING PHARMACY

Will this community pharmacy compound sterile drug products?

☐ **Yes**, has the sterile compounding pharmacy application been submitted? ☐ **Yes** ☐ **No**

- **If No**, complete and submit the sterile compounding pharmacy application.

☐ **No**

9. PHARMACY PREMISES (Check one)

☐ **Premises are leased/rented:** Submit a copy of the lease/rental agreement along with a copy of any amendments thereto.

- If the premises are leased/rented, are they leased/rented from a person who is licensed in California to prescribe?
  ☐ **Yes** ☐ **No** **If Yes**, provide evidence of compliance with California Business and Professions Code (BPC) § 650.1.

☐ **Premises are owned:** Submit a copy of the grant deed.

10. FRANCHISE

Will this pharmacy be part of a franchise?

☐ **Yes** ☐ **No** **If yes**, list the name of the franchise company and submit a copy of the franchise agreement.

Name of Franchise Company Telephone Number

Contact Person at Franchise Company Email Address

11. CHAIN COMMUNITY PHARMACY

Will this pharmacy be part of a "chain community pharmacy" as defined in subdivision (c) of BPC § 4001?

☐ **Yes** ☐ **No** **If Yes**, identify the name of the chain community pharmacy.

Name of Company Telephone Number

Contact Person at Company Email Address

12. PHARMACY MANAGEMENT AGREEMENT

Will this pharmacy be managed by any person other than the applicant named in Section 3?

☐ **Yes** ☐ **No** **If Yes**, list the name and submit a complete copy of the executed management agreement.

Name Telephone Number

Contact Person Email Address

13. DRUG WHOLESALE PROVIDER/PRIME VENDOR INFORMATION *Not required for non-dispensing pharmacies (i.e., call centers).* List the name(s) of your wholesaler(s). Provide an **unredacted** copy of the **approved** agreement(s) or contract(s) bearing the signature(s) of the wholesale representative(s).

Wholesaler Name	License Number	Telephone Number
Address Street	City	State Zip Code
Wholesaler Name	License Number	Telephone Number
Address Street	City	State Zip Code

14. OFFICER(s)/DIRECTOR(s)/MANAGER(s)/TRUSTEE(s)/ADMINISTRATOR(s)

Report the name(s) and ALL title(s). If a named person serves in more than one capacity, provide ALL titles. (*i.e.*, President, Chief Executive Officer, Secretary, Treasure, Trustee, etc.) of the officer(s), director(s), manager(s) of a limited liability company, trustee(s) of a trust, and administrator(s) (in the case of government-owned applicants) of, and any other person(s) with fiduciary AND/OR management responsibility for the applicant, *e.g.,* General Partner with management and control. (Note: If the natural person(s) or entity(ies) listed have beneficial interest in addition to fiduciary AND/OR management responsibility they will be listed in both Sections 14 and 15 of the application.) *Use additional copies of page 5, if needed. Do not indicate "see attached."*

Submit the following in support of the application as instructed in the application instructions.

A. Individual Personal Affidavit (17A-27)

B. Ownership Information (17A-33) (entities only): If the management and control is held by an entity rather than a natural person, an Ownership Information form is required.

The person(s) listed will be on the license record.

List All Title(s)	Full Legal Name (Natural Person or Entity)

15. APPLICANT OWNERSHIP INFORMATION (Note: This section is NOT required for government or tribal owned.) Reference Section C for the application instructions for the required supporting documents to be submitted with the application.

List below the five person(s) with the largest percentages of interest in the ownership of the applicant (*i.e.,* owner(s), shareholder(s), member(s), partner(s), including identification of the beneficiary(ies) of a trust, etc.)

- When the ownership exceeds five persons, submit an attachment listing the name(s) and percentage(s) of ownership interest of all other person(s) beneficially interested, signed by a natural person listed in Section 14 or 15.

NOTE: The information provided shall account for 100-percent of the ownership interests in the person listed in Section 3 of the application. Upon request by the Board, the applicant shall furnish the Board with additional information as to all "person(s)" not listed in Section 15 of the application or shall refer the Board to an appropriate source of that information.

Submit the following in support of the application. If the natural person(s) or entity(ies) listed below have beneficial interest in addition to fiduciary AND/OR management responsibility they need to be listed in both Section 14 and 15. Submission of the following supporting documents are only required for owners who have 10 percent or more beneficial interest as instructed in the application instructions.

A. Individual Personal Affidavit (17A-27)
C. Individual Financial Affidavit (17A-26) (Note: Not required if the applicant is a nonprofit corporation.)
B. Ownership Information (17A-33) (entities only)
- Include the Supporting Ownership Documents

The person(s) listed will be on the license record.

A. _____ _____
Legal Name (Entity or Natural Person) Type of Entity (if applicable)

_____ _____ _____
Address- Street City State Zip Code

_____ _____ _____
Email Address Telephone Number FEIN #

_____ _____
Stock Certificate #s Percentage % Owned

B. _____ _____
Legal Name (Entity or Natural Person) Type of Entity (if applicable)

_____ _____ _____
Address- Street City State Zip Code

_____ _____ _____
Email Address Telephone Number FEIN #

_____ _____
Stock Certificate #s Percentage % Owned

C. _____ _____
Legal Name (Entity or Natural Person) Type of Entity (if applicable)

_____ _____ _____
Address-Street City State Zip Code

_____ _____ _____
Email Address Telephone Number FEIN

_____ _____
Stock Certificate #s Percentage % Owned

D. _____ _____
Legal Name (Entity or Natural Person) Type of Entity (if applicable)

_____ _____ _____
Address- Street City State Zip Code

_____ _____ _____
Email Address Telephone Number FEIN #

_____ _____
Stock Certificate #s Percentage % Owned

E. _____ _____
Legal Name (Entity or Natural Person) Type of Entity (if applicable)

_____ _____ _____
Address- Street City State Zip Code

_____ _____ _____
Email Address Telephone Number FEIN #

_____ _____
Stock Certificate #s Percentage % Owned

16. DISCIPLINARY QUESTIONS - Use additional sheets if necessary.

A. In the previous seven years, has the person named in Section 3 had an application for a license denied or had a license revoked, suspended, placed on probation, or otherwise disciplined in California or any other state, jurisdiction, territory, or country?

☐ **Yes,** provide the following information for each action taken, including any prior licenses.
☐ **No**

Business Name:_____
Type (Check One): ☐ Application ☐ License **State, Jurisdiction, Territory, or Country:**_____
Type of Application or Type License and License Number:_____
License Issued Date: _____ **License Expiration Date:** _____
Year of Action: _____ **Type of Action:** ☐ Denied ☐ Revoked ☐ Suspended ☐ Probation
☐ Other, explain_____
_____

B. In the previous seven years, has the person named in Section 3 been convicted of a felony or violated any of the provisions of Chapter 9 of Division 2 of the California Business and Professions Code?

☐ **Yes,** provide a statement of the violation(s), or a reason that such a statement cannot be provided for each violation.
☐ **No**

Conviction/Violation	Year	State

C. The Board will conduct a criminal history background check on the applicant. You may provide any mitigating information, including evidence of rehabilitation, regarding your criminal history or criminal conviction(s) that you want the Board to consider. This disclosure is voluntary, and your decision not to disclose any information will not be a factor in the Board's decision to grant or deny your application. Use additional sheets if necessary.

Are you attaching mitigating information: ☐ Yes ☐ No

17. APPLICANT ADVISEMENTS AND AFFIDAVIT - Read carefully and sign below.

This application must be approved by the California State Board of Pharmacy before a pharmacy license will be issued. The applicant shall not conduct business as a pharmacy within California unless and until a license is issued.

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 requirements that are in effect at the time of the new application.

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.
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 to any question is grounds for denial or subsequent revocation of the license. The withdrawal of an application for a license after it has been filed with the Board shall not, unless the Board has consented in writing to such withdrawal, deprive the Board of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground. (BPC § 118, subd. (a).)

Pursuant to the provisions of BPC section 4207, the California State Board of Pharmacy is authorized to conduct a thorough investigation of this application to determine whether the applicant is qualified for the license being sought, and may request any information it deems necessary to complete said investigation, including, without limitation, business and financial records and documents.

Disclosure of federal employer identification numbers (FEINs) and social security numbers (SSNs) is mandatory. BPC section 30 authorizes collection of this information. If you fail to disclose FEINs and/or SSNs as requested on this application, this application will not be processed AND you will be reported to the Franchise Tax Board, which may assess a penalty against you.

NOTICE ON COLLECTION OF PERSONAL INFORMATION

- **Collection and Use of Personal Information.** The California State Board of Pharmacy of the Department of Consumer Affairs (DCA) collects the personal information requested on this form as authorized by Business and Professions Code, section 30 and chapter 9 of division 2, California Code of Regulations, title 16, division 17, and the Information Practices Act (Civil Code section 1798 and following). The Board uses this information, in accordance with DCA's Privacy Policy, principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

- **Mandatory Submission.** Submission of the requested information is mandatory. The Board cannot consider your application for licensure or renewal unless you provide all the requested information.
- **Access to Personal Information.** You may review the records maintained by the Board that contain your personal information, as permitted by the Information Practices Act. See below for contact information.
- **Possible Disclosure of Personal Information.** The Board makes every effort to protect personal information you provide. The information you provide, however, may be disclosed in the following circumstances:
  - In response to a Public Records Act request (Government Code section 7920.000 et seq.), as allowed by the Information Practices Act.
  - Disclosure to another government agency as required by state or federal law.
  - In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, contact the Board's Executive Officer at 2720 Gateway Oaks Drive, Suite 100, Sacramento, California, 95833 or (916) 518-3100. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at **dca@dca.ca.gov**.

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 if the state tax obligation is not paid.

REQUIRED SIGNATURES

Provide original signatures or digital signatures that comply with California Code of Regulations, title 16, section 1700. Documents with digital signature(s) shall be emailed to the Board. When submitting documents to the Board, keep a copy for your records. The application must be signed as instructed in A or B.

A. Each natural person listed in Section 14 and 15 of the application must sign.

OR

B. If the applicant is other than a natural person (i.e., if the applicant is a legal entity such as a corporation, partnership, LLC, government entity, etc.), the application must be signed by one or more individual(s) listed in Section 14 who have been duly authorized by a formal resolution or consent of the entity to execute and submit the application on behalf of the entity.
NOTE: A copy of the formal, signed resolution or consent MUST be included with this application or each natural person must sign as specified in A above.

Under the laws of the State of California, each natural person whose signature appears below certifies that:

1) They are at least 18 years of age.
2) They have the authority to make this application to apply for a license with the California State Board of Pharmacy on behalf of the applicant named in the foregoing application.
3) They have read or have knowledge of the foregoing application for licensure, are familiar with the contents thereof, and attest to the truth and accuracy of all statements, answers, and representations made in this application, including any and all supplementary statements.
4) No person other than the persons identified in this application (including any attachment hereto) has any ownership interest in, or management and/or control over, the applicant or its business to be conducted under the license for which this application is made.
5) They understand that falsification of any information in this application may constitute grounds for denial or subsequent revocation of the license.

6) The applicant pharmacy meets the requirements of California Code of Regulations, title 16, section 1714.

Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
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Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date

AUTHORIZATION TO RELEASE APPLICANT INFORMATION
(Optional)

Applicant Information – Print or type File Number, if applicable _____

_____ _____
Name of Applicant Telephone Number of Business

_____
DBA if different than above

_____
Address of Business – Street City State Zip Code

The Board will discuss the status of this application ONLY with the authorized person(s) identified on the application and any person who has signed the application as an officer, partner, member, and/or owner of the applicant business. In order for the Board to discuss the status of this application with another individual, the authorized person identified on the application must give consent, in writing, for the Board to discuss the application status with another authorized representative.

Giving consent for the Board to disclose application and business information will authorize the Board to disclose all personal and business information pertaining to this application. This includes, but is not limited to, social security number, date of birth, address information, all application requirement information, application approval or denial status, and any criminal conviction information the Board may have on record for your application.

Applicant Consent – Must be signed and dated by the applicant for optional authorization to be valid.
As a person identified on the application that is authorized to act for and bind the applicant business, I hereby give the Board consent to communicate with the individual listed below.

I, _____, hereby give consent to
Print Name of Person Authorized to Bind the Applicant

the California State Board of Pharmacy to disclose information about this application as specified above to the following individual:

_____ _____ _____
Name Telephone Number Email Address

_____
Mailing Address – Street City State Zip Code

This consent will expire on _____ , within one year, or upon licensure, whichever comes first. (Date)

_____ _____
Signature of Person Authorized to Bind the Applicant Date
Provide original signature or digital signature that complies with California Code of Regulations, title 16, section 1700.

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

INDIVIDUAL PERSONAL AFFIDAVIT

This form is to be completed by each **natural person** as instructed on a facility license application or to be added to an existing license through a Change of Permit application. Print in blue or black ink or type. All sections must be completed; if not applicable, enter N/A.

A California licensed pharmacist and any licensed designated representative is not required to complete this form if serving as a pharmacist-in-charge/consulting pharmacist/designated representative-in-charge/responsible manager.

1. PERSONAL INFORMATION

Legal Last Name | Legal First Name | Middle Name

Previous Names (AKA, Maiden Name, Alias, etc. Indicate N/A if none.)

Address - Street | City | State | Zip Code

Personal Phone Number | Work Phone Number | Email Address

US Social Security Number or ITIN | Date of Birth (Month/Day/Year)

2. APPLICANT/LICENSEE INFORMATION

List the name of the applicant facility applying for a license as listed in item 1A of the license application OR as listed on the facility license. License or Application #, if applicable_____

Facility's Name

Location of Business Street | City | State | Zip Code

ANSWER EACH OF THE FOLLOWING QUESTIONS (Attach additional sheets of paper if necessary)

3. LICENSE INFORMATION

Are you currently or have you previously been licensed in California or any other state, jurisdiction, territory, or country as a pharmacist, intern pharmacist, pharmacy technician, any type of designated representative, and/or other healthcare professional (including, without limitation, any healthcare professional authorized to prescribe [*e.g.*, physician, dentist, optometrist, podiatrist, veterinarian, nurse practitioner, physician assistant, etc.]?

☐ **Yes,** list all current and past licenses below.

☐ **No**

State	Type of License	License Number	Active or Inactive	Issued Date	Expiration Date

4. OWNERSHIP INFORMATION

Do you have or have you had any direct or indirect beneficial interest in, or do you have or have you previously exercised management and control over and/or served as an officer, director, manager and/or member of an LLC, partner, stockholder, trustee, professional director, or administrator for, a resident and/or nonresident pharmacy, clinic, wholesaler, third-party logistics provider, or outsourcing facility licensed in California or any other state, jurisdiction, territory, or country?

☐ **Yes,** list all current and past licenses below.

☐ **No**

Name of Facility	License Type and Number	State Issued

5. DISCIPLINARY QUESTIONS

The following questions pertain to a license sought or held in California or any other state, jurisdiction, territory, or country. For any affirmative answer, attach a statement of explanation including type of license, license number, type of action, and date of action, and identify the state, jurisdiction, territory, or country.

A. In the previous seven years, have you ever (1) had an application for any professional or vocational license or registration denied, or (2) had any professional or vocational license or registration suspended, revoked, placed on probation, or had other disciplinary action taken against it?

☐ **Yes,** list below and provide a signed and dated statement of explanation.

☐ **No**

Type (Check One): ☐ Application ☐ License **State, Jurisdiction, Territory, or Country:** _____

Type of Application or Type License and License Number:_____

License Issued Date: _____ **License Expiration Date:** _____

Year of Action: _____ **Type of Action:** ☐ Denied ☐ Revoked ☐ Suspended ☐ Probation ☐ Other, explain_____

_____

B. Do you have or have you had any direct or indirect beneficial interest in, or do you have or have you previously exercised management and control over and/or served as an officer, director, manager and/or member of an LLC, partner, stockholder, trustee, professional director, or administrator for, a California and/or nonresident pharmacy, clinic, wholesaler, third-party logistics provider, outsourcing facility and/or any other facility whose license has been denied, suspended, revoked, placed on probation, or had other disciplinary action taken against it?

☐ **Yes,** list all current and past licenses below.

☐ **No**

Name of Facility	License Type and Number	State Issued

C. The Board will conduct a criminal history background check on you and the applicant. You may provide any mitigating information, including evidence of rehabilitation, regarding your criminal history or criminal conviction(s) that you want the Board to consider. This disclosure is voluntary, and your decision not to disclose any information will not be a factor in the Board's decision to grant or deny the application. Use additional sheets if necessary.

Are you attaching mitigating information: ☐ **Yes** ☐ **No**

COMPLETE QUESTION 6 ONLY WHEN THIS SUBMISSION PERTAINS TO A COMMUNITY PHARMACY OR NONRESIDENT PHARMACY.

6. **SPOUSE/DOMESTIC PARTNER INFORMATION** (Not required for Government Owned or Nonprofit Corporations)

   A. List the name of your spouse/domestic partner.

   _____

   Legal Last Name | Legal First Name | Middle Name

   _____ _____

   Previous Names (AKA, Maiden Name, Alias, etc. Indicate N/A if none.) | Date of Birth (Month/Day/Year)

   B. Is your spouse/domestic partner licensed as a pharmacist or licensed to prescribe (*e.g.,* physician, dentist, optometrist, podiatrist, veterinarian, nurse practitioner, physician assistant, etc.) in California or any other state, jurisdiction, territory, or country?

   ☐ **Yes,** provide the following. Attach additional sheets if necessary.

   ☐ **No**

State	License Type and Number	Active or Inactive	Issued Date	Expiration Date

   C. Will your spouse/domestic partner work in any capacity under the license being applied for or in a facility currently licensed as identified in Section 2 of this form?

   ☐ **Yes,** describe what capacity. _____

   ☐ **No**

7. **REQUIRED SIGNATURE:** Provide original signature or digital signature that comply with California Code of Regulations, title 16, section 1700. Documents with digital signature(s) shall be emailed to the Board. When submitting documents to the Board, keep a copy for your records.

   I hereby certify under the laws of the State of California to the truth and accuracy of all statements, answers, and representations made in the foregoing Individual Personal Affidavit, including all supplementary statements. I understand that falsification of any information in this form may constitute grounds for denial or subsequent revocation of the license being applied for by the applicant identified in Section 2 of this form.

   _____ _____

   Signature of individual completing this form | Date

NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information. The California State Board of Pharmacy of the Department of Consumer Affairs (DCA) collects the personal information requested on this form as authorized by Business and Professions Code, section 30 and chapter 9 of division 2, California Code of Regulations, title 16, division 17, and the Information Practices Act (Civil Code section 1798 and following). The Board uses this information, in accordance with DCA's Privacy Policy, principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Mandatory Submission. Submission of the requested information is mandatory. The Board cannot consider the application for licensure or renewal unless you provide all the requested information.

Access to Personal Information. You may review the records maintained by the California State Board of Pharmacy that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code sections 7920.000-7931.000), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, contact the Board's Executive Officer at 2720 Gateway Oaks Drive, Suite 100, Sacramento, California, 95833 or (916) 518-3100. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at **dca@dca.ca.gov**.

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

INDIVIDUAL FINANCIAL AFFIDAVIT

This form is to be completed by each **natural person** as instructed on a license application or any new natural person as instructed on a Change of Permit Application.

1. PERSONAL INFORMATION

_____

Legal Last Name Legal First Name Middle Name

2. APPLICANT/LICENSEE INFORMATION

List the name of the applicant applying for a license as listed in item 1A of the license application OR the licensee of a change of permit application. License #, if applicable_____

_____

Applicant's Name as it will appear on the license or Licensee's Name

_____

Location of Business Street City State Zip Code

3. CHECK ONE OR MORE OF THE FOLLOWING

___ I am making a contribution: Total amount $_____ Cash amount $_____
___ I am contributing labor/expertise only valued at $_____
___ I am receiving a loan: total amount $_____(please attach copy of loan agreement)
___ I am making a loan: total amount $_____(please attach copy of the loan agreement)
___ I am not making a contribution in any form.

4. SOURCE OF FUNDS USED TO FINANCE BUSINESS (Sections A-E).

Fully explain the source of your financial contributions (*e.g.*, stocks/bonds, real estate). If cash funds are from savings, indicate where the money was or is kept. If the source is from the sale of property, indicate what was sold, the address (if real estate), the name and address of the buyer, and the net proceeds from the sale. If a loan is involved, show the date, amount, terms, security, and name and address of the lender. Describe any other sources of funds such as inheritances or gifts. Documentation may be requested.

A. FINANCIAL INSTITUTION(S). If cash funds are from savings and/or checking accounts, identify the account information from where the money is derived. For each account listed below, provide unredacted bank statements reflecting the deposit(s) or transfer(s) into the account(s) of the monies to be used to fund the business. In addition, include three months of unredacted bank statements prior to the deposit(s) or transfer(s).

SAVINGS

Financial Institution	City and State	Amount	Account Number	Source of Savings

CHECKING

Financial Institution	City and State	Amount	Account Number	Source of Checking

B. LOANS & CREDIT APPLICATIONS FOR THIS BUSINESS

If a loan is involved, show the date, amount, terms, security, and name and address of the lender.

Date	Amount	Term	Item Secured	Security	Lender

C. SALE OF PROPERTY TO FINANCE THIS BUSINESS

If the source is from the sale of property, indicate what was sold, the address (if real estate), the name and address of the buyer, and the net proceeds from the sale.

Type	Date	Buyer	Net Proceeds	Other Source

Location of Property: _____

Type	Date Sold	Buyer	Net Proceeds	Other Source

Location of Property: _____

D. GIFT OR INHERITANCE(S)

Describe any other sources of funds such as inheritances or gifts. Documentation may be requested.

_____

_____

E. FUNDING

Will funding be provided in any amount from a person whose professional or vocational license has been denied or whose license has been revoked, suspended, placed on probation, or otherwise disciplined in California or any other state, jurisdiction, territory, or country?

Yes ☐ **No** ☐ **If Yes,** please explain fully below (attach additional sheets if necessary). Attach copies of all disciplinary orders.

_____

_____

_____

5. Current and Past Employment for the last five years.

From mm/yr	To mm/yr	Type of Work	Firm Name and City	License #, if applicable

6. REQUIRED SIGNATURE: Provide original signature or digital signature that comply with California Code of Regulations, title 16, section 1700. Documents with digital signature(s) shall be emailed to the Board. When submitting documents to the Board, keep a copy for your records.

I hereby certify under the laws of the State of California to the truth and accuracy of all statements, answers, and representations made in the foregoing Individual Financial Affidavit, including all supplementary statements. I understand that falsification of any information in this form may constitute grounds for denial or subsequent revocation of the license being applied for by the applicant identified in Section 2 of this form.

_____

Signature Title Date

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
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Department of Consumer Affairs
Gavin Newsom, Governor

FINANCIAL AFFIDAVIT IN SUPPORT OF APPLICATION

1. APPLICANT INFORMATION

List the name of the applicant applying for a license as listed in item 1A of the license application.

_____

Name as it will appear on the license

_____

Physical Location Street City State Zip Code

2. APPLICANT FINANCIAL INFORMATION:

A. Indicate what part of the total investment will be in cash, and from what source(s) it will be or has been derived. **Attach supporting documentation**.

Amount $_____

Source(s) _____
_____

B. List all other sources of funding for the business. Provide the name, address, telephone number, and amount. Use additional sheets if necessary. **Attach supporting documentation**.

Amount $_____ Description of Funds _____

_____ _____

Name of Source Telephone Number

_____

Address-Street City State Zip Code

3. APPLICANT'S FINANCIAL INSTITUTION INFORMATION: Identify the account information for all accounts the business will use to operate and from where the money for the business was derived. **For each account listed below**, provide unredacted bank statements reflecting the deposit(s) or transfer(s) into the account(s) of the monies used to fund the business. In addition, include three months of unredacted bank statements prior to the deposit(s) or transfer(s). (Use additional sheets as necessary.)

Bank Name	State	Account Number	Balance of Account

A. APPLICANT'S FINANCIAL INSTITUTION AUTHORIZED SIGNATURES: List all individuals authorized to sign on the above business bank account(s). Provide a letter of explanation for any individual listed that is not listed in Section 13 of the licensure application. Use additional sheets if necessary.

Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date

4. BOOKKEEPER/ACCOUNTANT INFORMATION:

Name of Bookkeeper/Accountant for Applicant Premises		Telephone Number	
Address-Street	City	State	Zip Code

Estimated Annual Gross Sales $_____ Estimated Annual Purchases $_____

5. REQUIRED SIGNATURE: An owner/officer who signed the Community Pharmacy License Application is required to sign this form. Provide original dated signature or digital signature that complies with California Code of Regulations, title 16, section 1700. Documents with digital signature(s) shall be emailed to the Board. When submitting documents to the Board, keep a copy for your records.

Under the laws of the State of California, the natural person whose signature appears below certifies that:

1. They are at least 18 years of age.
2. They are duly authorized to submit this financial affidavit in support of the license application being made by the applicant named in Section 1 above.
3. They have read this financial affidavit and attest to the truth and accuracy of all statements, answers, and representations made herein, including any and all supplementary statements.
4. They understand that falsification of any information in this financial affidavit may constitute grounds for denial or subsequent revocation of the license.

Signature	Print Name	Title	Date

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OWNERSHIP INFORMATION FORM

This form is to be completed by each person (other than a natural person) in the applicant's ownership structure for a facility license application or to be added within an existing licensee's ownership structure through a Change of Permit Application.

California Business and Professions Code (BPC) § 4035 defines "person" to include, but is not limited to, firm, association, partnership, corporation, limited liability company, state governmental agency, trust, or political subdivision.

1. APPLICANT/LICENSEE INFORMATION

List the name of the applicant applying for a license as listed in item 1A of the license application OR the licensee of a change of permit application. License or Application #, if applicable_____

_____ _____
Applicant's Name as it will appear on the license or Licensee's Name Telephone Number

_____ _____ _____ _____
Physical Location Street City State Zip Code

2. OWNER: Provide the legal name of the entity and information of the owner completing this form. The information should coincide with the ownership organizational chart and supporting organizational documents.

_____ _____
Legal Entity/Business Name FEIN#

_____ _____ _____ _____
Legal Entity Business Address Street City State Zip Code

_____ _____
Legal Entity Email Address Telephone Number

_____ _____
Name of Authorized Contact Telephone Number

TYPE OF OWNERSHIP

☐ Individual
☐ Partnership
☐ Limited Liability Company
☐ Trust
☐ Government Owned
☐ Corporation
☐ Professional Corporation
☐ Nonprofit Corporation
☐ Publicly Traded Corporation
☐ Native American Tribe
☐ Non-Native American Operating on Tribal Land

For Board Use ONLY

Stock Ledger	Articles	Bylaws	10K	Partnership Ag.
Stock Certificate	SOI/Foreign	Operating Agreement	Trust	Partnership Cert.

ANSWER EACH OF THE FOLLOWING QUESTIONS (Attach additional sheets of paper if necessary)

3. **OFFICER(s)/DIRECTOR(s)/MANAGER(s)/TRUSTEE(s)/ADINISTRATOR(s): Report the name(s) and ALL title(s). If a named person serves in more than one capacity, provide ALL titles.** (*i.e.*, President, Chief Executive Officer, Secretary, Treasure, Trustee, etc.) of the officer(s), director(s), manager(s) of a limited liability company, trustee(s) of a trust, and administrator(s) (in the case of government-owned applicants) of, and any other person(s) with fiduciary AND/OR management responsibility, for the applicant named in Section 2 of this form, e.g. General Partner with management and control. (Note: If the natural person(s) or entity(ies) listed below have beneficial interest in addition to fiduciary AND/OR management responsibility in the applicant business they will be listed in both Section Sections 3 and 4.)

   Additionally, include the license type, license number and the state(s) for the individual(s) listed below who hold or have previously been licensed as a pharmacist, intern pharmacist, pharmacy technician, any type of designated representative, and/or other healthcare professional, including any license authorized to prescribe under BPC § 4040(a)(2) (*e.g.,* physician, dentist, podiatrist, veterinarian, etc.).

List All Title(s)	Full Legal Name	License Type & Number	State Issued

4. **OWNERSHIP INFORMATION FOR THIS OWNER:** Reference Section C of the application instructions for the required supporting documents to be submitted for the type of ownership listed in Section 2 of this form or the Change of Permit Application.

   List below the five persons with the largest percentages of interest in the ownership of the person reported in Section 2 of this form. (i.e. owner(s), shareholder(s), member(s), partner(s), including identification of the beneficiary(ies) of a trust, etc.)

   - When the ownership <u>exceeds</u> five persons, submit an attachment listing the name(s) and percentage(s) of ownership interest of all other person(s) beneficially interested, signed by a natural person listed in Section 3 of this form
   - **NOTE:** The information reported in this application, and any attached list(s) provided, shall account for 100 percent of the ownership interests in the person reported in Section 2 of this form.

   In addition, include the license information for any individual listed below who holds or has held a license authorized to prescribe under BPC § 4040(a)(2) (*e.g.,* physician, dentist, podiatrist, veterinarian, etc.)

A. _____

Legal Name | Type of Entity (if applicable)

_____

Address Street | City | State | Zip Code

_____

Email Address | Telephone Number | SSN/FEIN #

_____

Stock Certificate #s | Percentage % Owned | License Type, License #, & State Licensed (if applicable)

B. _____

Legal Name | Type of Entity (if applicable)

_____

Address Street | City | State | Zip Code

_____

Email Address | Telephone Number | SSN/FEIN #

_____

Stock Certificate #s | Percentage % Owned | License Type, License #, & State Licensed (if applicable)

C. _____

Legal Name | Type of Entity (if applicable)

_____

Address Street | City | State | Zip Code

_____

Email Address | Telephone Number | SSN/FEIN #

_____

Stock Certificate #s | Percentage % Owned | License Type, License #, & State Licensed (if applicable)

D. _____

Legal Name | Type of Entity (if applicable)

_____

Address Street | City | State | Zip Code

_____

Email Address | Telephone Number | SSN/FEIN #

_____

Stock Certificate #s | Percentage % Owned | License Type, License #, & State Licensed (if applicable)

E. _____

Legal Name | Type of Entity (if applicable)

_____

Address Street | City | State | Zip Code

_____

Email Address | Telephone Number | SSN/FEIN #

_____

Stock Certificate #s | Percentage % Owned | License Type, License #, & State Licensed (if applicable)

5. DISCIPLINARY QUESTIONS

A. In the previous seven years, has the person named in Section 2 had an application for a license denied or had a license revoked, suspended, placed on probation, or otherwise disciplined in California or any other state, jurisdiction, territory, or country?

☐ **Yes** ☐ **No** **If Yes,** provide the following information for each action taken, including any prior licenses. Use additional sheets if necessary.

Business Name: _____

Type (Check One): ☐ Application ☐ License **State, Jurisdiction, Territory, or Country:** _____

Type of Application or Type License and License Number: _____

License Issued Date: _____ **License Expiration Date:** _____

Year of Action: _____ **Type of Action:** ☐ Denied ☐ Revoked ☐ Suspended ☐ Probation

☐ Other, explain _____

_____

B. In the previous seven years, has the person named in Section 2 been in convicted of a felony or violated any of the provisions of Chapter 9 of Division 2 of the California Business and Professions Code?

☐ **Yes** ☐ **No** **If Yes,** provide a statement of the violation(s), or a reason that such a statement cannot be provided for each violation(s). Use additional sheets if necessary.

Conviction/Violation	**Year**	**State**

C. The Board will conduct a criminal history background check on the applicant/licensee. You may provide any mitigating information, including evidence of rehabilitation, regarding your criminal history or criminal conviction(s) that you want the Board to consider. This disclosure is voluntary, and your decision not to disclose any information will not be a factor in the Board's decision to grant or deny your application. Use additional sheets if necessary.

Are you attaching mitigating information: Yes ☐ **No** ☐

6. ADVISEMENTS AND AFFIDAVIT - Read carefully and sign below.

- This form is being submitted in support of the application for licensure made by the applicant identified in Section 1 of this form (hereafter, the "License Application"). The License Application must be approved by the California State Board of Pharmacy before a facility license will be issued, and the applicant shall not conduct business within California unless and until a license is issued.
- **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 requirements that are in effect at the time of the new application.**
- Failure to provide any of the requested information may result in the application being considered incomplete. Any material misrepresentation in the answer to any question is grounds for denial or subsequent revocation of the license. The withdrawal of an application for a license after it has been filed with the Board shall not, unless the Board has consented in writing to such withdrawal, deprive the Board of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground. (BPC § 118, subd. (a).)

- Pursuant to the provisions of BPC section 4207, the California State Board of Pharmacy is authorized to conduct a thorough investigation of this application to determine whether the applicant is qualified for the license being sought, and may request any information it deems necessary to complete said investigation, including, without limitation, business and financial records and documents.
- Disclosure of federal employer identification numbers (FEINs) and social security numbers (SSNs) is mandatory. BPC § 30 authorizes collection of this information.
- The Board makes every effort to protect personal information you provide. The information you provide, however, may be disclosed in the following circumstances:
  - In response to a Public Records Act request (Government Code section 7920.000 et seq.), as allowed by the Information Practices Act.
  - Disclosure to another government agency as required by state or federal law.
  - In response to a court or administrative order, a subpoena, or a search warrant.

Required Signatures: Provide original signatures or digital signatures that comply with California Code of Regulations, title 16, section 1700. Documents with digital signature(s) shall be emailed to the Board. When submitting documents to the Board, keep a copy for your records. The application must be signed as instructed in A or B.

A. Each natural person listed in Section 3 and 4 of this form must sign.

OR

B. If the owner is other than a natural person (i.e., if the owner is a legal entity such as a corporation, partnership, LLC, government entity, etc.), this form must be signed by one or more individual(s) listed in Section 3 who have been duly authorized by a formal resolution or consent of the entity to execute and submit this form on behalf of the entity.
NOTE: A copy of the formal, signed resolution or consent MUST be included with this form or each natural person must sign as specified in A above.

Under the laws of the State of California, each natural person whose signature appears below certifies that:

1) They are at least 18 years of age.
2) They have knowledge of the License Application or Licensee and are submitting this form in support of said License Application or License.
3) They are duly authorized to submit this form on behalf of the owner identified in Section 2 of this form.
4) All statements, answers, and representations made herein, and in any and all supplementary statements submitted in connection herewith, are true and accurate.
5) No person other than the persons identified in this form (including any attachment hereto) has any ownership interest in, or management and/or control over, the owner identified in Section 2 of this form.
6) They understand that falsification of any information in this form may constitute grounds for denial or subsequent revocation of the license being applied for by the applicant identified in Section 1 of this form.

Signature	Initials	Print Name	Date
Signature	Initials	Print Name	Date
Signature	Initials	Print Name	Date
Signature	Initials	Print Name	Date
Signature	Initials	Print Name	Date
Signature	Initials	Print Name	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

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FINGERPRINTING REQUIREMENTS AND LIVE SCAN INSTRUCTIONS

BRING THESE INSTRUCTIONS WITH YOU TO THE LIVE SCAN AGENCY.
THE LIVE SCAN OPERATOR MUST ENTER THE INFORMATION PROVIDED IN STEP 1 BELOW.
FAILURE TO INCLUDE THE BOARD OF PHARAMCY INFORMATION ON THE LIVE SCAN FORM MAY RESULT IN THE INDIVIDUAL HAVING TO COMPLETE THE LIVE SCAN PROCESS AGAIN.

FINGERPRINT REQUIREMENT: All license, registration, and permit applicants and holders must furnish a full set of fingerprints for purposes of conducting federal and state criminal history record checks through the Department of Justice (DOJ). (Bus. & Prof. Code, § 144; 16 CCR § 2010.05.) Licensure, registration, and permits are subject to denial, suspension, or revocation based upon an applicant's or licensee's conviction of a crime. (Bus. & Prof. Code §§ 475-490, 4836.2, 4837, 4842, 4883, 4885.)

Fingerprints must be submitted to the DOJ electronically via Live Scan. (Pen. Code, § 11077.1.) Live Scan is a system for the electronic submission of fingerprints. The DOJ has limited statutory authority to issue an exemption to this mandate if an electronic transmission site is regionally unavailable. For more information on how to request an exemption, visit the Attorney General's Office web site at https://oag.ca.gov/fingerprints and download the BCII 9004 - Request for Exemption from Mandatory Electronic Fingerprint Submission Requirement form.

LIVE SCAN INSTRUCITONS: STEP 1 - COMPLETE THE REQUEST FOR LIVE SCAN SERVICE FORM (BCII 8016) AS FOLLOWS:

- **ORI:** Enter **"A0071".** This is the unique agency code for the Board of Pharmacy.
- **Authorized Applicant type:** Enter "**License/Cert/Permit**".
- **Type of License/Certification/Permit OR Working Title:** Enter "**Pharmacy - Section 4201**". This is unique for the specific application for license.
- **Agency Authorized to Receive Criminal Record Information:** Enter **"Board of Pharmacy".**
- **Mail Code:** Enter **"05712"**. This is the unique five-digit code assigned by the DOJ for the Board of Pharmacy.
- **Street Address, City, State, and Zip Code:** Enter **"2720 Gateway Oaks Drive, Suite 100, Sacramento CA 95833"**.
- **Contact Telephone Number:** Enter **"(916) 518-3100".**
- **Name of Applicant:** Enter your Legal Last Name, Legal First Name, and Middle Name. Do not use initials or name abbreviations.
- **Alias:** Enter all other names you have used, including your maiden name. If none, leave this section blank.
- **Driver's License No.** Enter your Driver's License Number, including the State.
- **DOB:** Enter your date of birth (month/day/year).
- **Sex:** Enter your gender.
- **Height:** Enter your height in feet and inches.
- **Weight:** Enter your weight in pounds.
- **Eye Color:** Enter the color of your eyes.
- **Hair Color:** Enter the color of your hair.
- **Billing Number:** Leave this section blank. Applicant is responsible for paying all fees associated with fingerprinting.
- **Place of Birth:** Enter your place of birth (City and State, or Country).
- **SSN:** Enter your Social Security Number. This is **MANDORTY** for the Board of Pharmacy.
- **Misc. Number:** Enter any other identification number and type. If none, leave this section blank.
- **Home Address, City, State, and Zip Code:** Enter your home address information into the applicable sections.
- **Level of Service: Mark BOTH DOJ and FBI**. You are required to have both DOJ and FBI level of service complete.
- **Employer:** This information is not required.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City | State: CA | ZIP Code

Contact Telephone Number

Applicant Information:

Last Name | First Name | Middle Initial | Suffix

Other Name: (AKA or Alias)

Last Name | First Name | Suffix

Date of Birth

Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Driver's License Number

Height | Weight | Eye Color | Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) | Social Security Number

Misc. Number (Other Identification Number)

Home Address: Street Address or P.O. Box | City | State: CA | ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature | Date

Your Number: OCA Number (Agency Identifying Number)

Level of Service: ☐ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: (Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City | State: CA | ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator | Date

Transmitting Agency | LSID | ATI Number | Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at **http://oag.ca.gov/privacy-policy**.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at **keeperofrecords@doj.ca.gov,** or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170

REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[1] that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared. [2]
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record. [3]

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. [4]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at* https://www.fbi.gov/about-us/cjis/background-checks.

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[1] Written notification includes electronic notification, but excludes oral notification

[2] https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

[3] See 28 CFR 50.12(b)

[4] See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)