



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

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



Renewal Application of a Wholesaler/Nonresident Wholesaler License

Complete the renewal application form and submit a check or money order made payable to the California State Board of Pharmacy (board) no more than 60 days before the expiration date of the license. Fees submitted more than 60 days before the expiration date of the license cannot be accepted and will be returned. It is a violation of pharmacy law to operate this premise without an active, valid license.

- **Renewal Fees:** \$1,015 (\$1,000 renewal fee plus \$15 CURES fee) if submitting before the expiration date, or
- **Renewal plus Delinquency Fees:** \$1,165 (\$1,000 renewal fee, \$15 CURES fee, plus \$150 delinquency fee) if the license has expired.

CURES Requirement: A wholesaler license is assessed \$15 at the time of renewal to cover the operation and maintenance of the Controlled Substance Utilization Review and Evaluation System (CURES). (Business and Professions Code section 208)

Mail the renewal form and payment to:

California State Board of Pharmacy, 2720 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

RENEWAL APPLICATION INSTRUCTIONS AND REQUIREMENTS

1. Check the box "YES" if, since the last renewal, the wholesaler has had any disciplinary action taken by any government agency. For the purposes of this section, "disciplinary action" means any adverse licensure or certification action that resulted in a restriction or penalty being placed on the license or certification, including revocation, suspension, probation or public reprimand or reproval.
Check the box "NO" if, since the last renewal, the wholesaler has not been disciplined by another government agency.
2. Check the box "YES", if the wholesaler is in compliance with Section 4162 or 4162.5 of the Business and Professions Code (BPC) that requires a wholesaler, at time of renewal, to have on file with the board a current surety bond or other equivalent means of security acceptable to the board. The board may request verification the wholesaler is in compliance at time of renewal if surety bond the board has on file has expired. A wholesaler license is not considered renewed without a current surety bond or other equivalent means of security on file with the board.
3. Identify the name and license number of the designated representative-in-charge.
4. The renewal application shall identify the owner, if an individual ownership; partners, if a partnership; corporate officer(s), if a corporation; or trustee(s), if a trust; and is on record with the board for this license.
5. Nonresident Wholesaler: A nonresident wholesaler shall maintain at all times a valid, unexpired license to conduct the business of a wholesaler in the state in which it is a resident. A nonresident wholesaler shall report its agent for service of process in this state.
6. Sign where indicated.

Email Requirement: Any facility licensed by the board is required to join the board's email notification list within 60 days of the issuance of a license or at the time of license renewal. A facility must also update the email address with the board's list 30 days of a change (Business and Professions Code section 4013). You must join the board's email notification list from the board's website at www.pharmacy.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, Consumer Services and Housing Agency

Department of Consumer Affairs

Gavin Newsom, Governor



A change of ownership and/or change of physical location of a wholesaler license requires a new application and must be submitted PRIOR to the change occurring. Whenever a change of ownership occurs, either a temporary license will need to be pursued or operation must stop until the entity is appropriately licensed by the board. New license numbers are issued for changes of ownership and for changes of location. The wholesaler application is available on the board's website.

Submit a Change of Permit application (17A-52), to notify the board of a change in executive officers, shareholders or when there has been a transfer of beneficial interest of 10%-49%. A Designated Representative-In-Charge (DRIC) application (17A-E1) must be submitted to notify the board of a change in DRIC. These changes must be reported to the board within 30 days of the change, separately from this renewal application. Applications are available on the board's website.

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

Failure to provide all of the information required by law may result in the license not being considered for renewal. The information will be used to determine qualifications for licensure under the California Pharmacy Law. The official responsible for information maintenance is the Executive Officer, telephone (916) 518-3100, 2720 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. The information may be transferred to another governmental agency such as a law enforcement agency if necessary for it to perform its duties. An individual has the right to review the files or records maintained on them by our agency, unless the records are identified as confidential information and exempted by Section 1798.40 of the Civil Code.



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

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



Renewal Application of a Wholesaler/Nonresident Wholesaler License

Name of Wholesaler	License Number	Expiration Date	
Address	City	State	Zip Code
Telephone Number	Email Address		

PLEASE READ THE INSTRUCTIONS BEFORE ANSWERING

1. Has this wholesaler been disciplined by any government agency since the last renewal? YES NO
 If yes, please attach copies of the documents.
2. Does this wholesaler have a current surety bond or other equivalent means of security acceptable to the board as required in Business and Professions Code section 4162 or 4162.5? YES NO
3. List the name of the Designated Representative-in-Charge.

Name of Designated Representative-in-Charge	License Number
---	----------------

4. List the names of the owner, executive or corporate officer(s), partners, trustee(s), and shareholder(s) of the wholesaler.

Print Name and Title	Print Name and Title
_____	_____
_____	_____
_____	_____

5. Nonresident Wholesaler

- Does this facility hold a valid, unexpired license to conduct the business of the wholesaler in the state in which it is a resident? YES NO
- As a nonresident wholesaler, please list the agent for service of process in California.

Print Name of Agent for Service	Address	City	State	Zip Code
---------------------------------	---------	------	-------	----------

The person signing below has the authority to bind the wholesaler and is on record as an owner/officer with the board for this license. The renewal application must be signed by the owner, if an individual ownership; a partner, if a partnership; corporate officer, if a corporation, or trustee, if a trust. I hereby certify and affirm under penalty of perjury, under the laws of the State of California, that all statements, answers, and representations in this application, are true and correct and that this wholesaler is in compliance with the requirements of Title 16 CCR 1780.

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