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



DISCONTINUANCE OF BUSINESS

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

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

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

1. The following location will discontinue business:

Name of Licensed Facility		License Number			
Address Street		City	State	Zip Code	
Month, Day, and Year Bus	iness will be Discontinued	DEA Number, if applicable			
Contact Person	 Email of contact perso	on for this facility	 Telephone Nun	nber	

Pursuant to section 1708.2 of Title 16 of the California Code of Regulations, any permit holder shall contact the board prior to transferring or selling any dangerous drugs, devices or hypodermics inventory as a result of termination of business or bankruptcy proceedings and shall follow official instructions given by the board applicable to the transaction.

2. Prescription inventory will be transferred to:

Name of Licensed Facility		License Numbe	r
Address Street	City	State	Zip Code
Contact Person	Email of contact person for this facility	Telephone Number	
	and 4333 of the Business and Professions Code, all r drugs, including prescription files, must be retained f ed facility.	•	

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3. All records of acquisition and disposition of dangerous drugs will be maintained at the following location:

Name of Board-Licensed Facility			ensed Facility		License Number			
Address Street				City	State	Zip Code		
Contact Person Contact Person's Email			Contact Person's Ema	ail	Telepho	ne Number		
4.	Inventory: In addition, sections 4081 and 4333 of the Business and Professions Code require that records of disposition be maintained. A detailed inventory of all "dangerous drugs" (as defined in section 4022 of the Business and Professions Code) being transferred is required.							
	A. A	n inventor	y of all dangerous drugs was taken on _		and a	copy of the		
				Month/day/year				
	ir	inventory has been given to the owner and the purchaser, if a change of ownership.						
	B. A	ttached is	a copy of the inventory Yes	ventory Yes No IF, No list the reason there is no inventory:				
Na	C. N	lame of the	e Pharmacist-in-Charge/Designated Rep	presentative-in-Charge/Ro	esponsible Ma License			
Ad	dress	Street		City	State	Zip Code		
En	nail				Telepho	ne Number		
5.			penalty of perjury under the laws of th swers and representations made on th			-		
Sig	natur	e of Pharm	acist-in-Charge/Designated Representa	tive-in-Charge/Responsil	ole Manager	Date		
6.	state the c	ments, an wner/bind	penalty of perjury under the laws of th swers and representations made on th ling officer of the licensed facility that be reached after the business has clos	is form including all sup is closing, provide your (plementary st	atements. As		

Signature of	Owner				Date
Print Name	of Owner				Email Address
Address St	reet	City	State	Zip Code	Telephone Number
PLEASE NOTE – Drugs cannot be transferred that do not conform to the standard and tests as to quality and					
strength provided in the latest edition of the USP or NF or which violate any provision of the Sherman Food,					
Drug and Cosmetic Law (Division 21, Commencing with Section 26000 of Health and Safety Code).					

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