

## Request for Renewal of Pharmacy/Clinic Permit

Complete the form below and submit to the Board of Pharmacy no more than 60 days before to the expiration date of the license. Enclose a check or money order in the amount of \$250 if submitting before the expiration date, or \$375 if the license has expired (\$250 renewal fee plus \$125.00 delinquency fee). Fees submitted more than 60 days before the expiration date will be returned.

Name of Pharmacy/Clinic:	License Number:	Expire Date:
Address:	Telephone Number:	

**The following certification must be signed by the owner, if an individual ownership; a partner, if a partnership; or a corporate officer, if a corporation.**

I certify, under penalty of perjury under the laws of the state of California, that there has been no change of ownership, location, corporate officers, shareholders, administrator or pharmacist-in-charge.

\_\_\_\_\_

Signature
Print Name
Date

**The following certification must be signed by the Pharmacist-in-Charge.**

I certify, under penalty of perjury under the laws of the state of California, that all statements attached thereto are true and accurate.

\_\_\_\_\_

Signature
Print Name
Date

All items of information requested are mandatory. Failure to provide any of the information will result in the request for renewal being rejected as incomplete. 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) 574-7900, 1625 N. Market Blvd, Suite N219, Sacramento, California 95834. The information may be transferred to another governmental agency such as a law enforcement agency if necessary for it to perform its duties. Each 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.