



**California State Board of Pharmacy**  
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834  
Phone (916) 574-7900  
Fax (916) 574-8618  
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GOVERNOR EDMUND G. BROWN JR.

## GOVERNMENT OWNED INSTRUCTIONS

An application for a wholesaler must include:

- Completed Application for Wholesaler License (form 17A-70)
- Report of the designated representative-in-charge\*
- Personal Background Affidavit for the administrator (form 17A-37)
- A letter of verification on company letterhead indicating that the facility is government owned
- The name of the Director of Public Health or the responsible party for the wholesale operation
- A copy of the organizational structure

This application should be completed and signed by an individual authorized to act on behalf of the government entity.

\*Under California law, the name used to describe any individual who is in charge of any wholesale drug premises (in California or elsewhere) changed on January 1, 2006, from the former name, *exemptee*, to *designated representative*.



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## APPLICATION FOR WHOLESALER LICENSE

### Government Owned

**A. APPLICANT INFORMATION** – The business administrator must complete a Personal Background Affidavit (form 17A-37).

Please print or type **ALL BLANKS MUST BE COMPLETED; IF NOT APPLICABLE, ENTER N/A**

Name of Applicant (Business Name):		Applicant telephone number: (     )		
Address of Applicant:	Number and Street	City	State	Zip Code
Business Owner's Name (Government entity):				
Address				
Indicate whether this application is for:				
<input type="checkbox"/> New Wholesaler <input type="checkbox"/> Change of ownership of an existing wholesaler licensed with the California Board of Pharmacy Effective date of transaction: _____				

If this is a change of ownership, indicate below the name, address and license number of the existing California licensee.

Business Name:		License number:		
Address:	Number and Street	City	State	Zip

Who will be the designated representative-in-charge\*\* at this location.

Name of designated representative-in-charge:**	License Number:
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\*\*Under California law, the name used to describe any individual who is in charge of any wholesale drug premises (in California or elsewhere) changed on January 1, 2006, from the former name, *exemptee*, to *designated representative*.

For Office Use Only		
Processed By: _____	Approved _____	Cashier # _____
Date: _____	Denied _____	Date _____
	Date _____	Amount _____

## B. Background Information

List every state in which the applicant is or has been licensed as a wholesaler, pharmacy, manufacturer, or repackager (attach additional sheets if necessary):				
State	License Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, you must attach a written explanation giving full details. Failure to provide an explanation will delay the processing of your application.
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			Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, you must attach a written explanation giving full details. Failure to provide an explanation will delay the processing of your application.

**C. Certification of Applicant – Please read carefully and sign below**

This application must be approved by the California State Board of Pharmacy before a wholesaler license will be issued and the applicant can do business in California. If changes are made during the application process, the applicant may need to submit a new application with appropriate fees. Fees applied to this application are not transferable and are not refundable.

All items of information in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. Any material misrepresentation in the answer of any question is grounds for refusal or subsequent revocation of license, and a violation of the Penal Code of California.

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, 1625 N. Market Blvd., Suite N219, Sacramento, California 95834, (916) 574-7900. 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 him/her by the Board of Pharmacy, unless the records are identified as confidential information and exempted by section 1798.38 of the Civil Code.

**Signature Block**

Under penalty of perjury, under the laws of the State of California, I certify and affirm that: (1) I am the applicant, [or a person duly authorized to act on behalf of the applicant] and I am at least 18 years of age; (2) I have read the foregoing application and know the contents thereof and each and every statement made therein is true and correct; (3) I understand that falsification of any information in this application may constitute grounds for denial or subsequent revocation of the license; (4) no person other than the applicant [or applicants] has any direct or indirect interest in the applicant's [or applicants'] business to be conducted under the license for which this application is made; and (5) all supplemental statements filed with this application are true, complete, and accurate.

Signature of Applicant	Name (please print)	Title	Date
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\*Disclosure of a social security number (or federal employer identification number ["FEIN"], if a partnership) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405[c][2][C]) authorize collection of a social security number. A social security number or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code and section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. Failure to disclose a social security number or a FEIN, this application for initial or renewal license will not be processed AND will be reported to the Franchise Tax Board, which may assess a \$100 penalty.

NOTICE: Effective July 1, 2012, 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.



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## PERSONAL BACKGROUND AFFIDAVIT

All blanks must be completed; **if not applicable enter "N/A"**. Failure to furnish a complete explanation, or any omissions, will delay the processing of your application.

Please print or type

Full name:	Last	First	Middle	Telephone Number:
				(    )
Address:	Number and Street	City	State	Zip
Date of birth: (MM/DD/YY)	*Social Security number:	Previous name(s) – include maiden name; also known as (AKA's); "aliases":		

Name of applicant (business name):	Applicant telephone number:			
Address of applicant:	Number and Street	City	State	Zip

My position with the applicant is:	(Check all that apply)
Sole owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Stockholder <input type="checkbox"/> Member <input type="checkbox"/>	
Other <input type="checkbox"/> please specify _____	

1. Are you currently, or have you in the previous five years, been a manager, administrator, owner, member, officer, director, associate, or partner of any partnership, corporation, firm, or association whose application for a license has been denied or whose license has been revoked, suspended, or been placed on probation in California or any other state?      Yes  No

If the answer is "yes," please provide the following information for each action taken. Please include cancelled permits. (Use additional sheets if necessary.)

Company Name:	Type of License:	License #:	State:	Position Held:
				Year of Action:

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2. Have you ever had a professional or vocational license denied, suspended, revoked, voluntarily surrendered, placed on probation or other disciplinary action taken by this or any other governmental authority in this state, any other state or by a federal regulatory agency?      Yes  No

If the answer is "yes," please provide company name, permit type, action, year of action and state. (Use additional sheets if necessary.)

Type of License:	License #:	Type of Action:	Year of Action:	State:
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3. Have you ever been in violation of any provisions of California pharmacy law, including regulations?      Yes  No

If "yes," please list each type of violation, license type, type of action, year of action and state. (Use additional sheets if necessary.)

Type of License:	License #:	State:
Type of Action:		Year of Action:

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Type of Action:		Year of Action:

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Type of Action:		Year of Action:

4. Have you ever been convicted of, or pled no contest to, a violation of any law of a foreign country, the United States or of any state or local ordinances? You must include all **misdemeanor and felony convictions**, regardless of the age of the conviction, **including those** which have been set aside and/or dismissed under Penal Code sections 1000 or 1203.4. (Traffic violations of \$500 or less need not be reported.) Yes  No

If "yes," please attach the relevant arrest and court documents.

5. Do you currently engage in, or have you been engaged in the past two years in, the illegal use of controlled substances? Yes  No

If "yes," are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled substances? Please attach a statement of explanation.

**Please read carefully and sign below.**

*I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license.*

*I hereby certify under penalty of perjury under the laws of the State of California that all statements, answers and representations made in the foregoing personal background affidavit, including all supplementary statements are true and accurate and that I personally completed this personal background affidavit.*

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Signature

Date

---

Print Name

Title

\*Disclosure of your social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC 405(c)(2)(C) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes of compliance with any judgement or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

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