



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
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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
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Address	Street	City	State	Zip Code
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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.)

[illegible]

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 \$		

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 comply with the [Board’s Digital Signatures Policy Statement](#).

- 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.

Print Name	Signature	Title	Date
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