



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



OWNERSHIP INFORMATION FORM

This form is to be completed by each person (other than a natural person) in the applicant's ownership structure for a facility license application or to be added within an existing licensee's ownership structure through a Change of Permit Application.

California Business and Professions Code (BPC) section 4035 defines "person" to include, but is not limited to, firm, association, partnership, corporation, limited liability company, state governmental agency, trust, or political subdivision.

1. APPLICANT/LICENSEE INFORMATION

List the name of the applicant applying for a license as listed in item 1A of the license application OR the licensee of a change of permit application. License #, if applicable _____

Applicant's Name as it will appear on the license or Licensee's Name Telephone Number

Physical Location Street City State Zip Code

2. OWNER: Provide the legal name of the entity and information of the owner completing this form. The information should coincide with the ownership organizational chart and supporting organizational documents.

Legal Entity/Business Name FEIN#

Legal Entity Business Address Street City State Zip Code

Legal Entity Email Address Telephone Number

Name of Authorized Contact Telephone Number

TYPE OF OWNERSHIP

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Native American Tribe
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Non-Native American Operating
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> on Tribal Land
<input type="checkbox"/> Trust	<input type="checkbox"/> Publicly Traded Corporation	
<input type="checkbox"/> Government Owned		

For Board Use ONLY

Stock Ledger	Articles	Bylaws	10K	Partnership Ag.
Stock Certificate	SOI/Foreign	Operating Agreement	Trust	Partnership Cert.

3. OFFICER(s)/DIRECTOR(s)/TRUSTEE(s)/MANAGER(s)/ADMINISTRATOR(s) OF THIS OWNER: LIST ALL TITLES IF SERVING IN MORE THAN ONE CAPACITY.

Provide the name(s) and **ALL** title(s) if serving in more than one capacity of all officer(s), director(s), trustee(s), manager(s), and administrator(s) (in the case of government-owned applicants) of, and any other person(s) with management or control over the owner named in Section 2 of this form, e.g. General Partner with management and control. (Note: If the natural person(s) or entity(ies) listed below have both management and control and beneficial interest in the owner listed in Section 2 of this form list them in both Sections 3 and 4.)

Additionally, include the license type, license number and the state(s) for the individual(s) listed below who hold or have previously been licensed as a pharmacist, intern pharmacist, pharmacy technician, any type of designated representative, and/or other healthcare professional, including any license authorized to prescribe under Business and Professions Code (BPC) section 4040(a)(2) (e.g., physician, dentist, podiatrist, veterinarian, etc.).

List All Title(s)	Full Legal Name	License Number & State Issued

4. OWNERSHIP INFORMATION FOR THIS OWNER: Please reference the application instructions for the required supporting documents to be submitted for the type of ownership listed in Section 2 of this form or the Change of Permit Application.

List below the five persons with the largest percentages of interest in the ownership of the person reported in Section 2 of this form.

- When the ownership exceeds five persons, submit an attachment listing the name(s) and percentage(s) of ownership interest of all other persons beneficially interested signed by a natural person listed in Section 3 of this form.
- **NOTE:** The information reported in this application, and any attached list(s) provided, shall account for 100 percent of the ownership interests in the person reported in Section 2 of this form.

In addition, include the license information for any individual listed below who holds or has held a license authorized to prescribe under BPC section 4040(a)(2) (e.g., physician, dentist, podiatrist, veterinarian, etc.)

A. _____

Legal Name		Type of Entity (if applicable)	
Address	Street	City	State Zip Code
Email Address		Telephone Number	FEIN #
Stock Certificate #s	Percentage % Owned	License Type, License #, & State Licensed (if applicable)	

B. _____

Legal Name		Type of Entity (if applicable)	
Address	Street	City	State Zip Code
Email Address		Telephone Number	FEIN #
Stock Certificate #s	Percentage % Owned	License Type, License #, & State Licensed (if applicable)	

C. _____

Legal Name		Type of Entity (if applicable)	
Address	Street	City	State Zip Code
Email Address		Telephone Number	FEIN #
Stock Certificate #s	Percentage % Owned	License Type, License #, & State Licensed (if applicable)	

D. _____

Legal Name		Type of Entity (if applicable)	
Address	Street	City	State Zip Code
Email Address		Telephone Number	FEIN #
Stock Certificate #s	Percentage % Owned	License Type, License #, & State Licensed (if applicable)	

E. _____

Legal Name		Type of Entity (if applicable)	
Address	Street	City	State Zip Code
Email Address		Telephone Number	FEIN #
Stock Certificate #s	Percentage % Owned	License Type, License #, & State Licensed (if applicable)	

5. DISCIPLINARY QUESTIONS

- A. In the previous seven years has the owner named in Section 2 had an application for a license been denied or had a license be revoked, suspended, placed on probation, or otherwise disciplined in California or any other state, jurisdiction, territory, or country?

☐ **Yes** ☐ **No** **If Yes,** provide the following information for each action taken, including any prior licenses. Use additional sheets if necessary.

Company Name		License Type and Number
Type of Action	Year of Action	State, Jurisdiction, Territory, or Country

- B. In the previous seven years, has the owner named in Section 2 been in violation of any provisions of California pharmacy law?

☐ **Yes** ☐ **No** **If Yes,** provide a statement of the violation(s), or a reason that such a statement cannot be provided for each violation(s). Use additional sheets if necessary.

- C. The Board will conduct a criminal history background check on the application. You may provide any mitigating information, including evidence of rehabilitation, regarding your criminal history or criminal conviction(s) that you want the Board to consider. This disclosure is voluntary, and your decision not to disclose any information will not be a factor in the Board's decision to grant or deny your application. Use additional sheets if necessary.

Are you attaching mitigating information: Yes ☐ No ☐

6. ADVISEMENTS AND AFFIDAVIT - Read carefully and sign below.

This form is being submitted in support of the application for licensure made by the applicant identified in Section 1 of this form (hereafter, the "License Application"). The License Application must be approved by the California State Board of Pharmacy before a pharmacy license will be issued, and the applicant shall not conduct business as a pharmacy within California unless and until a license is issued. **Any application not completed within 60 days after being notified by the Board of deficiencies may be deemed to have been abandoned, and the applicant will be required to file a new application and meet all requirements that are in effect at the time of the new application.**

Failure to provide any of the information requested on this form may result in the License Application being considered incomplete. Any material misrepresentation in the answer to any question on this form is grounds for denial or subsequent revocation of the license. The withdrawal of an application for a license after it has been filed with the Board shall not, unless the Board has consented in writing to such withdrawal, deprive the Board of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground. (BPC § 118, subd. (a).)

Pursuant to the provisions of BPC section 4207, the California State Board of Pharmacy is authorized to conduct a thorough investigation of the License Application to determine whether the applicant is qualified for the license being sought, and may request any information it deems necessary to complete said investigation, including, without limitation, business and financial records and documents.

Disclosure of federal employer identification numbers (FEINs) and social security numbers (SSNs) is mandatory. BPC section 30 authorizes collection of this information.

The Board makes every effort to protect personal information provided to the Board. The information provided, however, may be disclosed under the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 et seq.), as allowed by the Information Practices Act (Civil Code section 1798 et seq.);
- To another government agency as required or permitted by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

This form must be signed by each natural person listed in Section 3 of this form or one natural person who has been duly authorized by a formal resolution of the owner identified in Section 2 of this form to execute and submit this form on behalf of such owner. NOTE: a copy of the formal, signed resolution MUST be included with the License Application.

All signatures must be original, dated signature or digital signatures that comply with the Board’s [Digital Signatures Policy Statement](#) located on the Board’s website. All documents with digital signatures shall be emailed to the Board. When submitting documents to the Board, keep a copy for your records.

Under the laws of the State of California, each natural person whose signature appears below certifies that:

- 1) They are at least 18 years of age.
- 2) They have knowledge of the License Application or Licensee and are submitting this form in support of said License Application or License.
- 3) They are duly authorized to submit this form on behalf of the owner identified in Section 2 of this form.
- 4) All statements, answers, and representations made herein, and in any and all supplementary statements submitted in connection herewith, are true and accurate.
- 5) No person other than the persons identified in this form (including any attachment hereto) has any ownership interest in, or management and/or control over, the owner identified in Section 2 of this form.
- 6) They understand that falsification of any information in this form may constitute grounds for denial or subsequent revocation of the license being applied for by the applicant identified in Section 1 of this form.

Signature	Print Name	Date
Signature	Print Name	Date
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