



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



PHARMACY CHANGE OF PERMIT APPLICATION

Includes Resident and Nonresident:

Pharmacy, Remote Dispensing Site Pharmacy, Sterile Compounding Pharmacy,
Hospital Pharmacy, Drug Room,
Licensed Correctional Pharmacy, Outsourcing Facility

A Change of Permit Application must be submitted to the Board within 30 days when one of the following in Section A occurs within a pharmacy license issued by the Board. Once the Board approves the change of permit, the changes being reported will be reflected on the license record. (Please Type or Print in Ink)

SECTION A APPLICATION PROCESSING FEE: Submit the appropriate application processing fee for **EACH** license affected by the change. If making changes that fall under both 1 and 2, the fee is \$395 for each license the changes affect. The application fee is non-refundable.

Check all that apply and complete the corresponding sections.

1. **\$206 Application Processing Fee** (A replacement license is issued with an update to the address or tradestyle name.)
 - ☐ **Address Update:** (not a physical change of location): Complete Sections B, C, D, and H
 - ☐ **Tradestyle/Corporate Name Change:** Complete Sections B, C, E, and H
2. **\$395 Application Processing Fee**
 - ☐ **Natural Person(s) Change:** Officer(s)/Director(s)/Manager(s)/Trustee(s)/Administrator/Consulting Pharmacist/Warden or Chief Executive Officer of a Licensed Correctional Pharmacy: Complete Sections B, C, F, H, and I (all licenses except for sterile compounding)
 - ☐ **Beneficial Interest Change:** Complete Sections B, C, G, H, and I (all licenses except for sterile compounding)

SECTION B LICENSEE INFORMATION Complete a separate Change of Permit Application (17A-12) for EACH license affected by the change or provide a list of all licenses under common ownership.

Name of Facility Licensee as it appears on the current License	License Type and Number		
Address of Facility: Number and Street	City	State	Zip Code
Email Address of Licensee	Telephone Number		

SECTION C CONTACT PERSON AND AUTHORIZED SIGNER: The Board will communicate via email with the contact person **and** an owner/officer listed on the license. Identify the owner/officer below that is signing this application.

Name of Contact Person	Email Address	Telephone Number
Name of Owner/Officer Listed on the License	Email Address	Telephone Number
Board Use ONLY - Cashier # _____	Date _____	Amount _____
Date Processed: _____	By _____	Date Approved: _____ By _____

SECTION D ADDRESS UPDATE (not a physical change of location): This ONLY includes updating the street name or number change made by the United States Postal Service (USPS), government entity, adding a suite number, etc. *This does NOT include a physical change of location. A physical change of location requires a new license application.*

- 1) Submit **ONE** of the required supporting documentations to substantiate the change:
- ☐ A copy of the notice received from the USPS or Government entity reporting the change.
 - ☐ A copy of the lease agreement showing the updated address.
 - ☐ A copy of a utility bill or pharmacy inspection report.
 - ☐ A copy of floor plans clearly identifying the area of the pharmacy (suite numbers).

2) **Effective Date of Change** (*mm/dd/yyyy*) _____

3) _____

Amended Address: Number and Street	City	State	Zip Code
------------------------------------	------	-------	----------

SECTION E TRADESTYLE NAME OR CORPORATE NAME CHANGE: This does NOT include a change of ownership. *A change of ownership requires a new license application. Complete the below to report a tradestyle name change and/or corporate name change.*

The Change is for the: ☐ Licensee Entity ☐ Entity within the Licensee's Ownership Structure

Check All that Apply: ☐ Tradestyle Name Change ☐ Corporate Name Change

- 1) Submit one of the required supporting documentations to substantiate the change:
- ☐ Fictitious business name statement filed with the county. – Tradestyle Change ONLY (CA facilities only)
 - ☐ Copy of home state license reflecting the name change. (Nonresident facilities only)
 - ☐ Copy of the board minutes ratifying the name change.
 - ☐ Other official document supporting the name change.
 - ☐ Copy of the amended Articles of Incorporation/Organization or Certificate of Limited Partnership listing the new name.

2) **Effective Date of Change** (*mm/dd/yyyy*) _____

3) _____

Current Name

4) _____

New Name

SECTION F NATURAL PERSON(S) CHANGE:

Report all (**current and new**) natural person(s) and **ALL** their title(s) if serving in more than one capacity of the officer(s), director(s), manager(s), trustee(s), consulting pharmacist, administrator, and/or the warden/chief executive officer of a correctional facility with fiduciary AND/OR management responsibility of the license. Once the Board approves the change of permit, the natural person(s) being added will be listed on the license record and will have signature authority on the license. (Attach additional sheets of page 3 or 4 if needed.)

Guidance list of natural person(s) to report based on licensee's ownership type:

- **Corporation (including nonprofit corporations):**
 - All officers including the required officers as set forth in the corporate bylaws/governing documents.
 - All directors of the corporation.
 - If the officer(s) and director(s) exceed five, list the Top Five for both the officers and directors on the application and provide a list identifying all officer(s) and director(s) of the corporation.
- **Limited Liability Company:** List each natural person(s) identified as a manager and any officer(s), if appointed by the member/manager pursuant to the applicant's operating agreement/limited liability company agreement.
- **Trust:** List each natural person(s) identified as the grantor(s), settlor(s), trustee(s), and/or trust protector(s) of the trust.
- **Government Owned:** List the director, administrator, warden, or chief executive officer (Correctional Pharmacy).
- **Native American Owned:** List the members of the Tribal Council and the administrator/CEO.

REQUIRED DOCUMENTS: Submit the required supporting documentation to substantiate the reported change:

- ☐ **Individual Personal Affidavit (17A-27):** Submit a completed form for the new natural person(s) being added.
- ☐ **Supporting Documentation:** Submit evidence the natural person(s) is authorized to be added or removed from the license. Documentation may include the following:
 - a) Statement of Information. Copy of the filing with the Secretary of State reflecting the officer change and bearing the Secretary of State stamp.
 - b) A copy of the board minutes reflecting the change.
 - c) Letter, memo, email of resignation reflecting the change. The documentation must also reflect the termination date.
 - d) Letter/memo/ email of appointment reflecting the change. The documentation must also reflect the effective date of the appointment of the individual into the position.
- ☐ **Fingerprints:** Any new natural person(s) being added to the license must comply with the fingerprint requirements. Please reference Section I of the application instructions.

Title Type: ☐ Director ☐ Trustee ☐ Manager ☐ Officer: List all title(s) _____
☐ Administrator ☐ Consulting Pharmacist ☐ Warden/Chief Executive Officer-Correctional Facility

Effective Date of Change (*Use exact date*) _____ ☐ New ☐ Remove ☐ Change Title ☐ No Change

Full Legal Name

Email Address

Phone Number

Title Type: ☐ Director ☐ Trustee ☐ Manager ☐ Officer: List all title(s) _____
☐ Administrator ☐ Consulting Pharmacist ☐ Warden/Chief Executive Officer-Correctional Facility

Effective Date of Change (*Use exact date*) _____ ☐ New ☐ Remove ☐ Change Title ☐ No Change

Full Legal Name

Email Address

Phone Number

Title Type: ☐ Director ☐ Trustee ☐ Manager ☐ Officer: List all title(s) _____
☐ Administrator ☐ Consulting Pharmacist ☐ Warden/Chief Executive Officer-Correctional Facility

Effective Date of Change (*Use exact date*) _____ ☐ New ☐ Remove ☐ Change Title ☐ No Change

Full Legal Name

Email Address

Phone Number

Title Type: ☐ Director ☐ Trustee ☐ Manager ☐ Officer: List all title(s) _____
☐ Administrator ☐ Consulting Pharmacist ☐ Warden/Chief Executive Officer-Correctional Facility

Effective Date of Change (*Use exact date*) _____ ☐ New ☐ Remove ☐ Change Title ☐ No Change

Full Legal Name

Email Address

Phone Number

Title Type: ☐ Director ☐ Trustee ☐ Manager ☐ Officer: List all title(s) _____
☐ Administrator ☐ Consulting Pharmacist ☐ Warden/Chief Executive Officer-Correctional Facility

Effective Date of Change (*Use exact date*) _____ ☐ New ☐ Remove ☐ Change Title ☐ No Change

Full Legal Name

Email Address

Phone Number

Title Type: ☐ Director ☐ Trustee ☐ Manager ☐ Officer: List all title(s) _____
☐ Administrator ☐ Consulting Pharmacist ☐ Warden/Chief Executive Officer-Correctional Facility

Effective Date of Change (*Use exact date*) _____ ☐ New ☐ Remove ☐ Change Title ☐ No Change

Full Legal Name

Email Address

Phone Number

SECTION G BENEFICIAL INTEREST CHANGE: (ownership, stock, etc.)

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.

Change of Ownership: *A transfer of beneficial interest in the facility licensed by the board, in a single transaction or in a series of transactions, to any person or entity, which transfer **results in the transferee's holding 50% or more of the beneficial interest** in the licensed facility shall complete the appropriate licensing application and submit all required documents as instructed in a change of ownership application. **A Change of Ownership requires a new license application.** All approved change of ownership applications will result in a new license number being issued.*

REPORT THE PERSON(S) WITH BENEFICIAL INTEREST: Identify all person(s) **(current and new)** with an ownership interest in the licensee, including the person(s) to be removed from the license. List the shareholder(s)/owner(s), partner(s), member(s), or owner(s) with beneficial interest in the license along with the percentage of their current percentage of interest and/or new percentage of interest below. This includes identification of the beneficiary(ies) of a trust. *Use additional sheets, if necessary.*

- When the ownership exceeds five persons, submit an attachment listing the name(s) and percentage(s) of ownership interest of all other person(s) beneficially interested signed by a natural person listed on the license.
- **NOTE:** The information provided shall account for 100-percent of the ownership interests in the licensee.

REQUIRED DOCUMENTS: Submit the applicable documentation to report a change to beneficial interest within 10% to 49%, which does **NOT** result in the transferee holding 50% or more beneficial interest in the license in a single transaction or in a series of transactions, to any person or entity.

- ☐ **Individual Personal Affidavit (17A-27):** Submit a completed form for each **NEW** natural person listed as an owner, partner, member, and/or trustee.
- ☐ **Organizational Chart:** Submit **both** the pre- and post-closing organizational structure charts. A business ownership organizational structure/chart clearly documents the applicant's ownership structure. Include in each level of ownership (1) the corresponding percentage of ownership held by all persons and (2) any person(s) with management or control.
- ☐ **Purchase Agreement/Documentation of Transfer:** If the beneficial interest was acquired through a purchase agreement, contribution or assignment agreement, or other type of transaction, submit a copy of the executed agreement and documentation of the completed transaction.
- ☐ **Ownership Information (17A-33) entity(ies) only:** Submit a completed form for each new person(s) (not required for a natural person) holding beneficial interest.
- ☐ **Supporting Business Documents:** Submit the required supporting business documents relating to the business type of the license.
 - a) Statement of Information
 - b) Articles of Organization/Incorporation/Certificate of Limited Partnership
 - c) Corporate Bylaws/Limited Liability Agreement/Partnership Agreement
 - d) Stock Certificates: Submit copies of currently issued stock certificates supporting the change. Please note: you may be asked to provide additional shareholder information.
 - e) Stock Ledger: Submit documentation supporting the change of all current stock owners and shares owned by each person.
 - f) Indian Owned, if applicable: A copy of the constitution and bylaws establishing the tribal council that will be the governing entity of the licensed facility.

☐ **Fingerprints:** Required for any new natural person being added to the license. If a natural person is currently associated with an active license and has fingerprints on file with the California State Board of Pharmacy, new fingerprints may not be required. Please reference Section I of the application instructions.

Effective Date of Change (*Use exact date*) _____ ☐ New ☐ Remove ☐ No Change
_____ % of Interest Before _____ % of Interest After

Legal Name (Entity or Natural Person)		Type of Entity (if applicable)	
Address	Street	City	State
			Zip Code
Email Address	Telephone Number	FEIN #	
Stock Certificate #s		Percentage % Owned	

Effective Date of Change (*Use exact date*) _____ ☐ New ☐ Remove ☐ No Change
_____ % of Interest Before _____ % of Interest After

Legal Name (Entity or Natural Person)		Type of Entity (if applicable)	
Address	Street	City	State
			Zip Code
Email Address	Telephone Number	FEIN #	
Stock Certificate #s		Percentage % Owned	

Effective Date of Change (*Use exact date*) _____ ☐ New ☐ Remove ☐ No Change
_____ % of Interest Before _____ % of Interest After

Legal Name (Entity or Natural Person)		Type of Entity (if applicable)	
Address	Street	City	State
			Zip Code
Email Address	Telephone Number	FEIN #	
Stock Certificate #s		Percentage % Owned	

SECTION H REQUIRED SIGNATURE: Must be signed by a Natural Person listed as an Owner/Officer/Manager/Member/Trustee/Partner/Administrator/Chief Executive Officer or Warden of a Correctional Facility Listed on the License Record.

Provide original, dated signature or digital signature that complies with the [Board's Digital Signatures Policy Statement](#). When submitting documents to the Board, keep a copy for your records.

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 have the authority to make the changes to the license with the California State Board of Pharmacy on behalf of the licensee named in the foregoing application and be listed on the license record.
- 3) They have read or have knowledge of the foregoing application, are familiar with the contents thereof, and attest to the truth and accuracy of all statements, answers, and representations made in this application, including any and all supplementary statements.
- 4) They understand that falsification of any information in this application may constitute grounds for denial or subsequent revocation of the license.
- 5) Understand any material misrepresentation provided to the Board is grounds for refusal or subsequent revocation of license, and a violation of the Penal Code of the State of California.

Signature

Printed Name

Date

SECTION I FINGERPRINTS (Not required if the license is government owned by the state, city or county.)

Each person who is required to complete an Individual Personal Affidavit is required to complete the Live Scan or submit the Board approved fingerprint cards for a criminal background check with the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI). If a person is currently associated with an active facility license and has electronic fingerprints on file with the California State Board of Pharmacy, new fingerprints may not be required.

- **Officer:** Any New officer(s) listed on the application.
- **Director:** Any New director(s) listed on the application.
- **Partner:** Any New partner(s) listed on application.
- **Limited Liability Company:** Any New member(s) listed on application.
- **Manager:** Any New manager(s) listed on the application.
- **Owner:** Any New owner(s) listed on the application.
- **Administrator:** New administrator listed on the application.
- **Consulting Pharmacist:** Only required if the Board does not have an electronic fingerprint record on file with your pharmacist license. The Board will notify you upon submission of the change of consulting pharmacist if fingerprints are required.
- **Warden/Chief Executive Officer of a Correctional Pharmacy:** Government entities are exempt from fingerprinting.

FINGERPRINT INSTRUCTIONS: Complete and attach ONE of the following (either A or B):

- California residents must use Live Scan. Use the Request for Live Scan Service form at the end of the application packet, which provides the Live Scan operator with the board's agency information.
- A Live Scan site may charge a separate processing fee.
- Nonresidents can visit California to complete a Live Scan OR they must submit fingerprints professionally rolled on cards supplied by the Board.
- A nonresident that submits fingerprint cards must include the \$49 fingerprint card processing fee (per person).
- The Board accepts fingerprint responses only from the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI).

A. California Resident: Attach a copy of the completed Live Scan receipt.

- The receipt verifies that the individual being fingerprinted has completed the Live Scan process and provides tracking information for the Live Scan submission. It is the responsibility of the individual being fingerprinted to verify that all personal information entered by the Live Scan operator is correct prior to the operator's submission. The Board of Pharmacy will not accept clearances by the DOJ/FBI if the personal information is incorrect. Receipt of incorrect information by the DOJ/FBI will result in the individual having to complete a new Live Scan.
- California residents must use Live Scan only.
- To find a Live Scan location, go to <https://oag.ca.gov/fingerprints/locations>.
- The individual being fingerprinted must ensure the following information is correct when completing the Live Scan:
 - **Type of License/Certification/Permit or Working Title:** Pharmacy – Section 4201
 - **Full Name:** Must be EXACTLY THE SAME as the individual's name on their state-issued driver's license or state-issued identification card. (Jr., II, etc., must be included). It also must be EXACTLY THE SAME as the individual's name on the application.
 - **Date of Birth:** Do not omit. If left blank, the individual may have to reprint.
 - **Social Security Number (SSN):** Do not omit. If left blank, the individual may have to reprint.
 - **Level of Service:** Must include both DOJ and FBI.

B. Non-California Resident: The individual being fingerprinted may visit California and complete Live Scan. If the individual cannot complete the Live Scan, **two (2) rolled fingerprint cards** must be submitted with the application.

- Only fingerprint cards provided by the Board will be accepted.
- Request fingerprint cards through the Board's online services at https://www.dca.ca.gov/webapps/pharmacy/pubs_request.php or via email to rxforms@dca.ca.gov.
- Fee: Include a fingerprint card processing fee of \$49 for each individual being fingerprinted (\$32 DOJ and \$17 FBI) made payable to the Board of Pharmacy. You may submit one check or money order for the application processing fee(s) and the fingerprint card processing fee(s) together.
- The fingerprint card(s) must be completed in black ink.
- Print legibly or type all personal information on the fingerprint cards. If the personal information of the fingerprinted individual is not legible and DOJ enters the information incorrectly, the individual will have to submit new fingerprint cards and pay the \$49 fee again. DOJ will NOT correct print results due to illegible fingerprint cards. The fingerprint cards must be processed at a location authorized to complete fingerprint cards for the DOJ/FBI (*e.g.*, law enforcement agency) in the state the services are rendered.
- Fingerprint results from cards take approximately six weeks for the Board to receive a response from the DOJ/FBI.
- Poor quality prints will be rejected by DOJ/FBI and will cause delay because new fingerprint cards will be required to be submitted. This is why two (2) rolled fingerprint cards must be submitted for each individual, along with the required \$49 processing fee.



INDIVIDUAL PERSONAL AFFIDAVIT

This form is to be completed by each **natural person** as instructed on a facility license application or to be added to an existing license through a Change of Permit application.

A California licensed pharmacist and any licensed designated representative is not required to complete this form if serving as a pharmacist-in-charge/consulting pharmacist/designated representative-in-charge/responsible manager.

Print in blue or black ink or type. All sections must be completed; if not applicable, enter N/A.

1. PERSONAL INFORMATION

Legal Last Name Legal First Name Middle Name

Previous Names (AKA, Maiden Name, Alias, etc. Indicate N/A if none.)

Address - Street City State Zip Code

Personal Phone Number Work Phone Number Email Address

US Social Security Number or ITIN Date of Birth (Month/Day/Year)

2. APPLICANT/LICENSEE INFORMATION

List the name of the applicant facility applying for a license as listed in item 1A of the license application
OR as listed on the facility license. License #, if applicable

Facility's Name

Location of Business Street City State Zip Code

ANSWER EACH OF THE FOLLOWING QUESTIONS (Attach additional sheets of paper if necessary)

3. LICENSE INFORMATION

A. Are you currently or have you previously been licensed as a pharmacist, intern pharmacist, pharmacy technician, any type of designated representative, and/or other healthcare professional?

Yes ____ No ____ If Yes, List the following for all state(s), including California.

State	Type of License	License Number	Active or Inactive	Issued Date	Expiration Date

B. AUTHORIZED TO PRESCRIBE

Are you currently or have you previously been licensed to prescribe in California or any other state, jurisdiction, territory, or country? Prescribers referenced in BPC section 4040(a)(2) (e.g., physician, dentist, podiatrist, veterinarian, physician assistant, etc.) who hold or have held a license to prescribe in this state or any other state, jurisdiction, territory, or country must disclose their license information below.

Yes ____ No ____ If Yes, provide the following.

State	Type of License	License Number	Active or Inactive	Issued Date	Expiration Date

4. OWNERSHIP INFORMATION

Do you have or have you had any direct or indirect beneficial interest in, or do you have or have previously exercised management and control over and/or served as an officer, director, manager and/or member of an LLC, partner, stockholder, trustee, professional director, or administrator for, a California and/or nonresident licensed pharmacy, clinic, wholesaler, third-party logistics provider, or outsourcing facility licensed in California or any other state, jurisdiction, territory, or country?

Yes ____ No ____ If Yes, list all current and past licenses. Attach additional sheets if necessary.

Name of Facility	License Type and Number	State Issued

5. DISCIPLINARY QUESTIONS

The following questions pertain to a license sought or held in California or any other state, jurisdiction, territory, or country. For any affirmative answer, attach a statement of explanation including type of license, license number, type of action, date of action, and identify the state, jurisdiction, territory, or country.

A. Have you ever had an application for any professional or vocational license or registration denied or any professional or vocational license or registration suspended, revoked, placed on probation, or had other disciplinary action taken against it?

Yes ____ No ____ If Yes, provide a signed and dated statement of explanation.

- B. Do you have or have you had any direct or indirect beneficial interest in, or have you exercised management and control over and/or served as an officer, director, manager and/or member of an LLC, partner, stockholder, trustee, professional director, or administrator for a California and/or nonresident pharmacy, clinic, wholesaler, third-party logistics provider, outsourcing facility and/or any other facility whose license has been denied, suspended, revoked, placed on probation, or had other disciplinary action taken against it?

Yes ____ No ____ If Yes, provide a signed and dated statement of explanation.

- C. Have any of the disciplinary actions in A or B above occurred with your spouse or domestic partner?

Yes ____ No ____ If Yes, provide a signed and dated statement of explanation.

6. SPOUSE/DOMESTIC PARTNER INFORMATION (Not required for Government Owned or Nonprofit Corporations)

- A. List the name of your spouse/domestic partner.

Legal Last Name	Legal First Name	Middle Name
Previous Names (AKA, Maiden Name, Alias, etc. Indicate N/A if none.) Date of Birth (Month/Day/Year)		

- B. Is your spouse/domestic partner licensed as a pharmacist or licensed to prescribe in California or any other state, jurisdiction, territory, or country? Required to disclose if your spouse/domestic partner holds or has held a pharmacist or a license to prescribe in this state or any other state, jurisdiction, territory, or country. Prescribers referenced in BPC section 4040(a)(2) (e.g., physician, dentist, podiatrist, veterinarian, physician assistant, etc.)

Yes ____ No ____ If Yes, provide the following. Attach additional sheets if necessary.

State	License Type and Number	Active or Inactive	Issued Date	Expiration Date

- C. Will your spouse/domestic partner work in any capacity under the license being applied for or in a facility currently licensed as identified in Section 2 of this form?

Yes ____ No ____ If Yes, in what capacity? _____

An original signature and date is required or a digital signature that complies 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.

I hereby certify under the laws of the State of California to the truth and accuracy of all statements, answers, and representations made in the foregoing Individual Personal Affidavit, including all supplementary statements. I 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 2 of this form.

Signature of individual completing this form	Date
--	------



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
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date



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



FINGERPRINTING REQUIREMENTS AND LIVE SCAN INSTRUCTIONS

BRING THESE INSTRUCTIONS WITH YOU TO THE LIVE SCAN AGENCY.

THE LIVE SCAN OPERATOR MUST ENTER THE INFORMATION PROVIDED IN STEP 1 BELOW.

**FAILURE TO INCLUDE THE BOARD OF PHARMACY INFORMATION ON THE LIVE SCAN FORM MAY
RESULT IN THE INDIVIDUAL HAVING TO COMPLETE THE LIVE SCAN PROCESS AGAIN.**

FINGERPRINT REQUIREMENT: All license, registration, and permit applicants and holders must furnish a full set of fingerprints for purposes of conducting federal and state criminal history record checks through the Department of Justice (DOJ). (Bus. & Prof. Code, § [144](#); 16 CCR § [2010.05](#).) Licensure, registration, and permits are subject to denial, suspension, or revocation based upon an applicant's or licensee's conviction of a crime. (Bus. & Prof. Code §§ [475-490](#), [4836.2](#), [4837](#), [4842](#), [4883](#), [4885](#).)

Fingerprints must be submitted to the DOJ electronically via Live Scan. (Pen. Code, § [11077.1](#).) Live Scan is a system for the electronic submission of fingerprints. The DOJ has limited statutory authority to issue an exemption to this mandate if an electronic transmission site is regionally unavailable. For more information on how to request an exemption, visit the Attorney General's Office web site at <https://oag.ca.gov/fingerprints> and download the [BCII 9004 - Request for Exemption from Mandatory Electronic Fingerprint Submission Requirement](#) form.

LIVE SCAN INSTRUCTIONS: STEP 1 - COMPLETE THE REQUEST FOR LIVE SCAN SERVICE FORM (BCII 8016) AS FOLLOWS:

- **ORI:** Enter "A0071". This is the unique agency code for the Board of Pharmacy.
- **Authorized Applicant type:** Enter "License/Cert/Permit".
- **Type of License/Certification/Permit OR Working Title:** Enter "Pharmacy - Section 4201". This is unique for the specific application for license.
- **Agency Authorized to Receive Criminal Record Information:** Enter "Board of Pharmacy".
- **Mail Code:** Enter "05712". This is the unique five-digit code assigned by the DOJ for the Board of Pharmacy.
- **Street Address, City, State, and Zip Code:** Enter "2720 Gateway Oaks Drive, Suite 100, Sacramento CA 95833".
- **Contact Telephone Number:** Enter "(916) 518-3100".
- **Name of Applicant:** Enter your Legal Last Name, Legal First Name, and Middle Name. Do not use initials or name abbreviations.
- **Alias:** Enter all other names you have used, including your maiden name. If none, leave this section blank.
- **Driver's License No.** Enter your Driver's License Number, including the State.
- **DOB:** Enter your date of birth (month/day/year).
- **Sex:** Enter your gender.
- **Height:** Enter your height in feet and inches.
- **Weight:** Enter your weight in pounds.
- **Eye Color:** Enter the color of your eyes.
- **Hair Color:** Enter the color of your hair.
- **Billing Number:** Leave this section blank. Applicant is responsible for paying all fees associated with fingerprinting.
- **Place of Birth:** Enter your place of birth (City and State, or Country).
- **SSN:** Enter your Social Security Number. This is **MANDATORY** for the Board of Pharmacy.
- **Misc. Number:** Enter any other identification number and type. If none, leave this section blank.
- **Home Address, City, State, and Zip Code:** Enter your home address information into the applicable sections.
- **Level of Service:** Mark **BOTH DOJ and FBI**. You are required to have both DOJ and FBI level of service complete.
- **Employer:** This information is not required.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name

First Name Suffix

Date of Birth Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Driver's License Number

Height Weight Eye Color Hair Color

Billing
Number

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc.
Number

(Other Identification Number)

Home
Address Street Address or P.O. Box

City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: ☐ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI
number:

Original ATI Number

(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

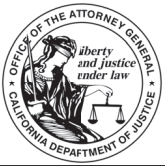
Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



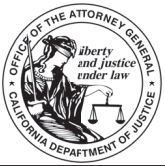
REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)