



**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](http://www.pharmacy.ca.gov)

Business, Consumer Services and Housing Agency  
Department of Consumer Affairs  
Gavin Newsom, Governor



## **Renewal Application of a Centralized Hospital Packaging Pharmacy License**

Complete the renewal application form and submit a check or money order made payable to the California State Board of Pharmacy (board). Failure to complete the renewal application in its entirety may result in the license not being considered for renewal. The information will be used to determine qualifications for licensure under the California Pharmacy Law. Failure to renew the license within 60 days after its expiration date, the license will be cancelled. (Business and Professions Code section 4402(e)) Once the license is cancelled, a new application must be submitted including all documents and meet all requirements in effect at the time of reapplication. It is a violation of pharmacy law to operate this premise without an active, valid license.

- **Renewal Fees:** \$805 if submitting before the expiration date, or
- **Renewal plus Delinquency fees:** \$955 (\$805 renewal fee plus \$150 delinquency fee) if the license has expired.
- If Government Owned (Fee Exempt) complete the renewal application form and check the box Fee Exempt.

### **Mail the renewal form and payment to:**

California State Board of Pharmacy, 2720 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

Email Requirement: Any facility licensed by the board is required to join the board's email notification list within 60 days of the issuance of a license or at the time of license renewal. A facility must also update the email address with the board's list 30 days of a change (Business and Professions Code section 4013). You must join the board's email notification list from the board's website at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov).

A change of ownership and/or change of physical location of a centralized hospital packaging pharmacy license requires a new application and must be submitted PRIOR to the change occurring. Whenever a change of ownership occurs, either a temporary license will need to be pursued or operation must stop until the entity is appropriately licensed by the board. New license numbers are issued for changes of ownership and for changes of location. The centralized hospital packaging pharmacy application is available on the board's website.

Submit a Change of Permit application (17A-52), to notify the board of a change in executive officers, shareholders or when there has been a transfer of beneficial interest of 10%-49%.

**NOTICE:** 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.

Failure to provide all of the information required by law may result in the license not being considered for renewal. 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) 518-3100, 2720 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. The information may be transferred to another governmental agency such as a law enforcement agency if necessary for it to perform its duties. An 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.



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## Renewal Application of a Centralized Hospital Packaging Pharmacy License

\_\_\_\_\_ Fee Exempt (Government Owned)

\_\_\_\_\_  
Name of Centralized Hospital Packaging Pharmacy

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

### PLEASE READ THE INSTRUCTIONS BEFORE ANSWERING

1. List the names of the executive or corporate officer(s), partners, and shareholder(s) of the Centralized Hospital Packaging Pharmacy.

Print Name

Title

% Owned

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

*I hereby certify or affirm under penalty of perjury, under the laws of the State of California, that all statements, answers, and representations in this application are true and correct.*

\_\_\_\_\_  
Signature of Person with Management or Control    Print Name

\_\_\_\_\_  
Date