



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



Renewal Application of a Correctional Facility

Complete the renewal application form and submit a check or money order made payable to the California State Board of Pharmacy. 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 may result in the license being 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: \$941 (\$930 renewal fee plus \$11 CURES fee) if submitting before the expiration date, or
- Renewal plus Delinquency Fees: \$1,091 (\$930 renewal fee, \$11 CURES fee, plus \$150 delinquency fee) if the license has expired.

Mail the renewal form and payment to:

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

RENEWAL APPLICATION INSTRUCTIONS

1. Identify the name and license number of the pharmacist-in-charge.
2. The renewal application shall identify the warden or health care chief executive officer of the correctional facility if government owned or the owner, if an individual ownership; partners, if a partnership; corporate officer(s), if a corporation; or trustee(s), if a trust; on record with the board for this license.

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.

A change of ownership and/or change of physical location of a correctional facility 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 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%. A Pharmacist-In-Charge (PIC) application (17A-14) must be submitted to notify the board of a change in PIC. These changes must be reported to the board within 30 days of the change, separately from this renewal application. Applications are available on the board's website.

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.



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Name of Correctional Facility		License Number	Expiration Date
Address	City	State	Zip Code
Telephone Number	Email Address		

PLEASE READ THE INSTRUCTIONS BEFORE ANSWERING

1. List the name of the Pharmacist-in-Charge.

Name of Pharmacist-in-Charge	License Number
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List the names of the warden or health care chief executive officer of the correctional facility if government owned or the owner, executive or corporate officer(s), partners, trustee(s), and shareholder(s) that is on record with the board for this license.

Print Name and Title	Print Name and Title
_____	_____
_____	_____
_____	_____

The person signing below has the authority to bind the pharmacy and is on record as an owner/officer with the board for this license. The renewal application must be signed by the warden or health care chief executive officer of the correctional facility if government owned or the owner, if an individual ownership; a partner, if a partnership; corporate officer, if a corporation, or trustee, if a trust. I hereby certify and 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	Print Name	Date
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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.