California State Board of Pharmacy
1625 N. Market Blvd, N219, Sacramento, CA 95834
Phone: (916) 574-7900
Fax: (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

Request for Renewal of Pharmacy/Clinic Permit

Complete the form below and submit a check or money order made payable to the Board of Pharmacy no more than 60 days before the expiration date of the license. Fees submitted more than 60 days before the expiration date will be returned.

Renewal Fee: $256 ($250 renewal fee plus $6 CURES fee) if submitting before the expiration date, or

Renewal plus Delinquency Fees: $381 ($250 renewal fee, $6 CURES fee, plus $125.00 delinquency fee) if the license has expired.

Pursuant to SB 809 (DeSaulnier, Chapter 400, Statutes of 2013), you are assessed $6 ANNUALLY which is collected at the time of renewal to cover the operation and maintenance of the Controlled Substance Utilization Review and Evaluation System (CURES).

Mail the renewal form and payment to:
California State Board of Pharmacy, 1625 N. Market Blvd. N219, Sacramento, CA 95834

All items of information requested are mandatory. Failure to provide any of the information will result in the request for renewal being rejected as incomplete. 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) 574-7900, 1625 N. Market Blvd, Suite N219, Sacramento, California 95834. The information may be transferred to another governmental agency such as a law enforcement agency if necessary for it to perform its duties. Each 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.

NOTICE: Effective July 1, 2012, 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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Request for Renewal of Pharmacy/Clinic Permit

Name of Pharmacy/Clinic:	License Number:	Expire Date:
Address:		Telephone Number:

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

I certify, under penalty of perjury under the laws of the state of California, that there has been no change of ownership, location, corporate officers, shareholders, administrator or pharmacist-in-charge.

Signature Print Name Date

The following certification must be signed by the Pharmacist-in-Charge.

I certify, under penalty of perjury under the laws of the state of California, that all statements attached thereto are true and accurate.

Signature Print Name Date