



Veterinary Medical Board
 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834
 Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov



VETERINARY PREMISE APPLICATION

1. APPLICATION TYPE/FEEES

<input type="checkbox"/> \$200.00 - Initial Fixed or Mobile Premise Registration Premise Open Date _____ <input type="checkbox"/> No Fee - Initial City, County, or State Owned Premise Registration Premise Open Date _____ <input type="checkbox"/> \$25.00 - Premise Relocation/Change of Address Premise Open Date _____ <input type="checkbox"/> \$25.00 - Change of Premise Name <u>or</u> Managing Licensee Date of Change _____ <input type="checkbox"/> No Fee - Change of Business Type <u>or</u> Ownership	Office Use Only
	Receipt Number: _____
	Date Cashiered: _____
	ATS ID: _____
	Amount Paid: _____
	Refund: _____
	Please make check or money order payable to the "VMB"
	Mail application and fee to: Veterinary Medical Board 1747 N. Market Blvd. Suite 230 Sacramento, CA 95834

2. FACILITY INFORMATION

NAME OF BUSINESS		PREMISE NUMBER	
TELEPHONE NUMBER	FAX NUMBER		
PHYSICAL ADDRESS			
CITY	STATE	ZIP	
MAILING ADDRESS*			
CITY	STATE	ZIP	

*List only if there is no mail delivery to the physical address. Only your Mailing Address will be public information.

3. MANAGING LICENSEE INFORMATION

LAST	FIRST	MIDDLE
CALIFORNIA VETERINARY LICENSE NUMBER		LICENSE EXPIRATION DATE
MAILING ADDRESS		
CITY	STATE	ZIP
U.S. SOCIAL SECURITY NUMBER:	TELEPHONE NUMBER:	
EMAIL ADDRESS:		

4. MANAGING LICENSEE DISCLOSURE

Are you currently registered as a managing licensee of another veterinary premise?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please list Permit Number(s):	
Will those premises remain open?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Will you remain as managing licensee?	YES <input type="checkbox"/> NO <input type="checkbox"/>

5. MANAGING LICENSEE CONVICTION INFORMATION

Have you been convicted or pled nolo contendere to a felony or misdemeanor, other than a minor traffic violation, or had any disciplinary action taken against you by any licensing/regulatory agency in this or any other state?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, please provide detailed written explanation.*	
*You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under Penal Code Section 1000, 1203.4 or 1210.1. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes convictions following a plea of nolo contendere (no contest) as well as pleas or verdicts of guilty.	

6. PRACTICE INFORMATION - check all that apply

<input type="checkbox"/> Small	<input type="checkbox"/> Vaccination Clinic	<input type="checkbox"/> Emergency	<input type="checkbox"/> House Call
<input type="checkbox"/> Large	<input type="checkbox"/> Mixed	<input type="checkbox"/> Mobile/Ambulatory	

7. NUMBER OF EMPLOYEES

____ CA Licensed Veterinarians	____ Non-CA Licensed Veterinarians	____ Clerical/Administrative
____ Registered Veterinary Technicians	____ Veterinary Assistants	____ Other _____

8. BUSINESS TYPE

<input type="checkbox"/> Sole Owner	<input type="checkbox"/> City/County/State Owned	<input type="checkbox"/> Other _____
<input type="checkbox"/> Corporation - you must include articles of Incorporation for all initial registrations and ownership changes		
Corporation Name _____		Incorporation Date _____
Corporation Number _____		Incorporation State _____ FEIN _____
<input type="checkbox"/> Partnership - you must include information for all partners.		
Name _____	% Interest _____	Title _____ License Number _____
Name _____	% Interest _____	Title _____ License Number _____
Name _____	% Interest _____	Title _____ License Number _____

9. BUSINESS OWNER INFORMATION

LAST	FIRST	MIDDLE
CALIFORNIA VETERINARY/RVT LICENSE NUMBER		LICENSE EXPIRATION DATE
MAILING ADDRESS		
CITY	STATE	ZIP
U.S. SOCIAL SECURITY NUMBER:		TELEPHONE NUMBER:
EMAIL ADDRESS:		

10. BUSINESS OWNER DISCLOSURE

Are you currently and owner of any other veterinary premises registered with the Veterinary Medical Board? If YES, please list Premise Number(s):	YES <input type="checkbox"/> NO <input type="checkbox"/>
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11. DISCLOSURE SIGNATURE - *must be signed by managing licensee*

<p>Managing licensees are required to comply with the minimum standards of practice. As a managing licensee, you are responsible for ensuring that the permit for which you are applying is in compliance with all applicable laws. In the event that the premise is in violation of any applicable laws, you will be held responsible and may have disciplinary action taken against you.</p> <p>I certify that I understand that I am responsible for ensuring that this premises for which I am applying meets the minimum standards of practice and is in compliance will all applicable laws.</p> <p>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p>Signature _____ Date _____</p>
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INFORMATION COLLECTION, ACCESS AND DISCLOSURE

The information you provide on this application is maintained by the Executive Officer of the Veterinary Medical Board, Department of Consumer Affairs, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834, (916) 515-5220. The information is requested pursuant to Business and Professions Code sections 4853 and 4853.1 and California Code of Regulations, Title 16, Sections 2030, 2030.1, and 2030.2.

It is mandatory that you provide all information requested. Omission of any item of required information will result in the application being rejected as incomplete.

Disclosure of your Social Security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455[42 USCA §405(c)(2)(C)] authorize collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which uses a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Your completed application becomes the property of the Board and will be used by authorized personnel to determine you eligibility for a license, registration or permit. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code §6250 et seq.) and the Information Practices Act (Div. Code §1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

You have the right to review the records maintained on you by the Board or department unless the records are exempt by section 1798.40 of the Civil Code. You may gain access to the information by contacting the Veterinary Medical Board at the above address.

The name and address you have included on this application is subject to public disclosure and may be disclosed upon request, however if the residential address is different than the practice address, that address may remain confidential.

Incomplete applications will be returned. Please ensure that all information is complete and accurate. Please make check/money order payable to the Veterinary Medical Board and mail completed application to: Veterinary Medical Board, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834.

Please visit the Board's website at www.vmb.ca.gov for further information on the Board.