



Veterinary Premises Initial License Application APPLICATION INSTRUCTIONS

Apply Online at www.BreEZe.ca.gov

This Application is for:

- Initial registration of a Veterinary Premises

Required Fees

- Initial Premises Fee: \$200, or
- Initial City, County, or State Owned Premises Fee: No Fee*

Required Documentation

- Articles of Incorporation (if applicable)

Additional Information

Business and Professions Code Section 4853 requires all veterinary premises to be registered with the Board where veterinary medicine, veterinary dentistry, veterinary surgery, and the various branches thereof are being practiced.

Initial application review may take up to eight (8) weeks.

Following initial application review, the Board will notify you in writing of any deficiency and you will be given the opportunity to submit deficient documentation.

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.

Information Privacy Act

Failure to provide any of the requested information will result in the application being deemed incomplete. The information provided will be used to determine qualification for licensure, per Section 4841-4842 of the Business and Professions Code which authorizes the collection of this information. Information regarding the issuance or denial of a license by the Board may be transmitted to any other veterinary medical licensing authority. Candidates have the right to review their application subject to the provisions of the Information Practice Act. The Executive Officer is custodian of records.

Expedited Application for Spouses or Domestic Partners of Active Duty Military Personnel

An applicant for expedited application processing must meet the following requirements: (1) provide evidence that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty orders; and (2) hold a current license in another state, district, or territory of the United States in veterinary medicine.

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

Apply online or mail the completed application with the appropriate fees payable to the Veterinary Medical Board to: Veterinary Medical Board, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834



Veterinary Premises Initial License Application

1. APPLICATION TYPE/FEES (Check one)

<input type="checkbox"/> \$200.00 - Initial Fixed or Mobile Premises Registration Premises Open Date _____ <input type="checkbox"/> No Fee - Initial City, County, or State Owned Premises Registration Premises Open Date _____	<p>Please make check or money order payable to the: "VMB"</p> <hr/> <p>Mail application, supporting documents and fee to: Veterinary Medical Board 1747 N. Market Blvd., Suite 230 Sacramento, CA 95834</p>
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2. FACILITY INFORMATION

ORGANIZATION NAME:		PREMISES NUMBER (<i>Office Use Only</i>)	
TELEPHONE NUMBER	FAX NUMBER		
LOCATION/PHYSICAL ADDRESS			
CITY	STATE	ZIP	
MAILING ADDRESS* (ADDRESS OF RECORD, will be seen by the public on website)			
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	
SOCIAL SECURITY NUMBER/ITIN:		TELEPHONE NUMBER:	
EMAIL ADDRESS:			

-----*(OFFICE USE ONLY)*-----

ENTITY/FILE #: _____ RECEIPT #: _____ DATE CASHIERED : _____ AMOUNT PAID: \$ _____

4. MANAGING LICENSEE DISCLOSURE

Are you currently registered as a managing licensee of other veterinary premises? If YES, please list Permit Number(s):	YES <input type="checkbox"/> NO <input type="checkbox"/>
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? If Yes, please provide detailed written explanation.*	YES <input type="checkbox"/> NO <input type="checkbox"/>
<p>*This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code section 11357(b), (c), (d), (e), or section 11360(b) which are two years or older should NOT be reported. Convictions that were later dismissed pursuant to sections 1203.4, 1203.4a, or 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed.</p> <ul style="list-style-type: none"> • If YES, attach a detailed written explanation of any disciplinary proceeding against any license to practice veterinary medicine including revocation, suspension, probation, voluntary surrender; include the date and state where the discipline occurred (if applicable) • Certified court documents and detailed written explanation of any offense other than minor traffic violations or pled no contest to a violation of any law of any State, the United States, or a foreign country (if applicable). 	

6. PRACTICE INFORMATION - check all that apply

<input type="checkbox"/> Small	<input type="checkbox"/> Vaccination Clinic	<input type="checkbox"/> Emergency Animal Services	<input type="checkbox"/> House Call
<input type="checkbox"/> Large	<input type="checkbox"/> Mixed Animal Services	<input type="checkbox"/> Mobile/Ambulatory: License/VIN _____	

7. NUMBER OF EMPLOYEES

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

8. BUSINESS TYPE— BUSINESS OWNER INFORMATION— Please check one

<input type="checkbox"/> Sole Owner	<input type="checkbox"/> City/County/State Owned
<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 _____	
Shareholders – you must include information for at least one shareholder.	
Name _____	License No. (if applicable) _____
Name _____	License No. (if applicable) _____
Name _____	License No. (if applicable) _____
Name _____	License No. (if applicable) _____
<input type="checkbox"/> Partnership - you must include information for all partners. List majority partner first.	
Name _____	% Interest _____ Title _____ License Number _____
Name _____	% Interest _____ Title _____ License Number _____
Name _____	% Interest _____ Title _____ License Number _____

9. BUSINESS OWNER/CORPORATIONS INFORMATION/MAJORITY PARTNER

LAST	FIRST	MIDDLE
CORPORATION NAME		
CALIFORNIA VETERINARY/RVT LICENSE NUMBER		LICENSE EXPIRATION DATE
MAILING ADDRESS		
CITY		STATE ZIP
SOCIAL SECURITY NUMBER/ITIN:		TELEPHONE NUMBER:
EMAIL ADDRESS:		

10. BUSINESS OWNER DISCLOSURE

Are you currently an owner of any other veterinary premises registered with the Veterinary Medical Board?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please list Premises Number(s):	

11. DISCLOSURE SIGNATURE - must be signed by managing licensee

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 premises is in violation of any applicable laws, you will be held responsible and may have disciplinary action taken against you.

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 with all applicable laws.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature _____ Date _____

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 (SSN) or Individual Taxpayer Identification Number (ITIN) 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 or ITIN. Your Social Security number or ITIN 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 your 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.