



## PREMISE RENEWAL APPLICATION

### 1. RENEWAL FEE

<input type="checkbox"/> \$200.00 PREMISE <input type="checkbox"/> \$25.00 DELINQUENT	<i>Office Use Only</i>	
	<b>Receipt Number:</b> _____ <b>Date Cashiered:</b> _____ <b>Amount Paid:</b> _____	
Please make check or money order payable to the "VMB" <b>ALLOW 14 DAYS FOR PROCESSING</b>		
Mail application and fee to: Veterinary Medical Board 1747 N. Market Blvd., Suite 230 Sacramento, CA 95834		

### 2. PREMISE INFORMATION

PREMISE NAME		PREMISE NUMBER	
ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS:	TELEPHONE NUMBER:		

*Your address of record is public and will appear on our website.*

### 3. CONVICTION INFORMATION

Since you last renewed your permit, has the managing veterinarian 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?	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<small>*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.</small>	

### 4. DISCLOSURE SIGNATURE - *must be signed by licensed managing veterinarian*

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