



Premises Renewal Application APPLICATION INSTRUCTIONS

Apply Online at www.BreEZe.ca.gov

This Application is for:

- Renewal of a Veterinary Premises (HSP/EXM).

Required Fees

- Premises Renewal Fee: \$200
- Premises Renewal Fee for City, County, or State Owned: No Fee*
- Delinquent Fee: \$25** (if applicable)
- Failure to Report Address Change: \$25*** (if applicable)

Required Documentation

- Articles of Incorporation (if applicable)

Additional Information

*In accordance with Government Code Section 6103, there is no fee due if the facility is operated by a city, county, or state government.

**You are required to pay a delinquent fee if the permit is expired more than 30 days after the expiration date.

***The managing licensee is required to notify the Board of an address change within 30 days of the change in address.

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 §§ 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.

Change of Address

You are required to notify the Board of an address change within 30 days of the change in accordance with BPC §4852. The name and address included on this application is subject to public disclosure and may be disclosed upon request. Please notify the Board immediately of any address and/or name change. The board shall not renew the license of any person who fails to comply with this section unless the person pays the penalty fee prescribed in BPC §4905.

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.

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.



PREMISES RENEWAL APPLICATION

1. RENEWAL FEE (Check fee(s) you are paying)

<input type="checkbox"/> \$200.00 PREMISES RENEWAL FEE <input type="checkbox"/> NO FEE – PREMISES RENEWAL CITY, COUNTY, STATE <input type="checkbox"/> \$25.00 DELINQUENT FEE (if applicable) <input type="checkbox"/> \$25.00 FAILURE TO REPORT ADDRESS CHANGE (if applicable)	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. PREMISES INFORMATION

PREMISES NAME		PREMISES NUMBER	
MAILING ADDRESS/ADDRESS OF RECORD (will appear on the website)	CITY	STATE	ZIP
EMAIL ADDRESS:	TELEPHONE NUMBER:		
IS THIS A NEW MAILING ADDRESS?		YES	NO

3. PREMISES PHYSICAL ADDRESS (If different from Mailing Address)

LOCATION/PHYSICAL ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS:	TELEPHONE NUMBER:		

4. MOBILE QUESTION

Do you wish to add mobile unit who are part of the premises permit registration and operated from the premises?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Vehicle Identification Number (VIN): _____	License Plate Number: _____

5. 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?*	YES <input type="checkbox"/> NO <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>	
<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) Official 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. 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 _____

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

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

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.

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.