State of Florida
Department of Business and Professional Regulation
Division of Drugs, Devices, and Cosmetics

Application for Limited Prescription Drug Veterinary Wholesale Distributor Permit
Form No.: DBPR-DDC-219

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION	APPLICATION REQUIREMENTS
Application for Limited Prescription Drug Veterinary Wholesale Distributor Permit	☐ Establishments* located in the state of Florida, enclose **non-refundable** $1,150.00 fee, which includes $1,000.00 biennial application fee and $150.00 initial application/on-site inspection fee. ☐ Establishments* located outside the state of Florida, enclose **non-refundable** $1,000.00 fee. ☐ Make cashier's check, corporate or business check, or money order payable to the Florida Department of Business and Professional Regulation or DBPR. ☐ If the applicant answered "Yes" to any question in Section IV, enclose a detailed explanation along with any relevant documentation. ☐ Sign and date the Affidavit section of the application. *Florida law generally defines "establishment" to mean a place of business at one general physical location. As used in this application, "the establishment" refers to the physical address of the establishment to be permitted.
	Submit the completed application with enclosures to: Department of Business and Professional Regulation 2601 Blair Stone Road Tallahassee, FL 32399-1047

PLEASE NOTE:

Telephone, email, and fax contact information is used to quickly resolve questions with applications. If such information is not provided, questions regarding applications will be mailed to the application contact's mailing address and may take longer to resolve.

The disclosure of Social Security numbers is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 499.012(4)(a)5.f., 499.012(8)(o), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by §559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

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Form No.: DBPR-DDC-219

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Division of Drugs, Devices and Cosmetics, at **850.717.1800.** ***For additional information see the Instructions at the beginning of this application.***

Section I- Application Type

CHECK ONE OF THE APPLICATION TYPES
☐ New Application [3344/1020]
☐ New Application due to Change in Ownership. If checked, provide legal documentation for the change of ownership (i.e. Bill of Sale, stock transfer, merger). [3344/1020]
Current Permit Number _____

Section II – Applicant Information

APPLICANT INFORMATION
TAXPAYER IDENTIFICATION NUMBER OR FEDERAL EMPLOYER IDENTIFICATION NUMBER
This is a unique nine-digit number assigned by the Internal Revenue Service (IRS) to business entities operating in the United States for the purposes of identification. When the number is used for identification rather than employment tax reporting, it is usually referred to as a Taxpayer Identification Number (TIN), and when used for the purposes of reporting employment taxes, it is usually referred to as the Federal Employer Identification Number (FEIN).
Applicant's TIN/FEIN:_____
FULL LEGAL NAME
The "full legal name" is the complete name of the business entity that will be operating the establishment. This is generally the name that is on the documents that establish the existence or formation of the business entity. For example, a corporation's full legal name would normally be the name that is found in the corporation's articles of incorporation.
Applicant's Full Legal Name:
FICTITIOUS, TRADE OR BUSINESS NAME
If the applicant intends to operate the permitted establishment under a name that is different from the Applicant's Full Legal Name listed above – e.g. fictitious, trade, or business name (also commonly referred to as a "dba", or "doing business as" name), this name must be registered with the Florida Department of State, Division of Corporations. This is the name that will appear on the permit issued to the applicant by the department and must be the name that the applicant uses on operational documents for permitted activities.
☐ The applicant WILL NOT operate the permitted establishment under a name that is different from the Applicant's Full Legal Name listed above.
☐ The applicant WILL operate the permitted establishment under the following fictitious, trade, or business name:_____
The fictitious, trade, or business name listed directly above is registered with the Florida Department of State, Division of Corporations and the applicant has been issued the following registration number: _____.

APPLICANT'S MAILING ADDRESS		
Street Address or P.O. Box:		
City:	State:	Zip Code (+4 optional):

PHYSICAL ADDRESS OF ESTABLISHMENT TO BE PERMITTED		
Street Address:		
City:	State:	Zip Code (+4 optional):

County (if Florida address):	Country:
E-Mail Address:	Fax Number:

APPLICATION CONTACT			
The application contact is the person that the department will contact if there are questions regarding the responses provided on or the documentation submitted with the application. The application contact is also the person that will receive all official communication from the department regarding the application.			
Last/Surname:	First:	Middle:	Suffix:
Address:			
City:	State:	Zip Code (+4 optional):	

Telephone Number:	Fax Number:
E-Mail Address:	

EMERGENCY CONTACT			
The emergency contact is the person that the department will contact in the case of an emergency. During an emergency, the department may contact this person at times outside of the regular business hours listed below. The contact information provided should be sufficient for the department to reach and communicate with the person listed.			
Last/Surname:	First:	Middle:	Suffix:
Position/Title:			
Street Address:			
City:	State:	Zip Code (+4 optional):	

Telephone Number	E-Mail Address:

OPERATING HOURS
List the establishment's daily hours of operation in terms of Eastern Time. REMEMBER to circle "a.m." or "p.m." for each time indicated below. The establishment must be open a minimum of 10 total hours per week (M-F) between 8:00 a.m. and 5:00 p.m. local time, and at least 2 consecutive hours on at least 1 day:

Mon _____:_____ am/pm to _____:_____ am/pm	Fri _____:_____ am/pm to _____:_____ am/pm
Tue _____:_____ am/pm to _____:_____ am/pm	Sat _____:_____ am/pm to _____:_____ am/pm
Wed _____:_____ am/pm to _____:_____ am/pm	Sun _____:_____ am/pm to _____:_____ am/pm
Thu _____:_____ am/pm to _____:_____ am/pm	

Section III – **Ownership Information**

TYPE OF OWNERSHIP

☐ Publicly Held Corporation ☐ Closely Held Corporation ☐ Limited Liability Company

☐ Charitable Organization—501(c)(3) ☐ Sole Proprietorship ☐ Government

☐ Partnership – General ☐ Professional Corporation or Association ☐ Professional Limited Liability Company

☐ Partnership – Other, Including Limited Liability Partnership and Limited Partnership ☐ Other:_____

List the state of incorporation or state of organization (except Partnership – General or Sole Proprietorship). Business entities organized under non-U.S. laws list the country of organization.
☐ N/A (Partnership – General or Sole Proprietorship)

State or Country:

List the name and address of the applicant's registered agent for service of process in Florida (except Partnership – General or Sole Proprietorship) and provide documentation, such as a print out from the Florida Department of State, Division of Corporations' webpage, that the applicant's registered agent is registered with the Florida Department of State, Division of Corporations.
☐ N/A (Partnership – General or Sole Proprietorship)

Name:

Address:

City:	State:	Zip Code (+4 Optional):

List the name, position/title, social security number, date of birth and address of each owner, partner, member, manager, officer, director, chief executive, or other person who directly or indirectly controls the operation of the business entity, as applicable. For example, corporations would list officers and directors, limited liability companies would list members and managers, etc.

1.	Name & Title:	Social Security #:	Date of Birth:	% of Ownership:
	Street Address:	City:	State:	Zip Code:
2.	Name & Title:	Social Security #:	Date of Birth:	% of Ownership:
	Street Address:	City:	State:	Zip Code:

3.	Name & Title:	Social Security #:	Date of Birth:	% of Ownership:
	Street Address:	City:	State:	Zip Code:
4.	Name & Title:	Social Security #:	Date of Birth:	% of Ownership:
	Street Address:	City:	State:	Zip Code:
5.	Name & Title:	Social Security #:	Date of Birth:	% of Ownership:
	Street Address:	City:	State:	Zip Code:
6.	Name & Title:	Social Security #:	Date of Birth:	% of Ownership:
	Street Address:	City:	State:	Zip Code:
7.	Name & Title:	Social Security #:	Date of Birth:	% of Ownership:
	Street Address:	City:	State:	Zip Code:
8.	Name & Title:	Social Security #:	Date of Birth:	% of Ownership:
	Street Address:	City:	State:	Zip Code:

List the name, social security number, date of birth and address of each person who owns 10 percent or more of the outstanding stock or equity interest in the business entity.				
1.	Name:	Social Security #:	Date of Birth:	% of Ownership:
	Street Address:	City:	State:	Zip Code:
2.	Name:	Social Security #:	Date of Birth:	% of Ownership:
	Street Address:	City:	State:	Zip Code:
3.	Name:	Social Security #:	Date of Birth:	% of Ownership:

	Street Address:	City:	State:	Zip Code:
4.	Name:	Social Security #:	Date of Birth:	% of Ownership:
	Street Address:	City:	State:	Zip Code:
5.	Name:	Social Security #:	Date of Birth:	% of Ownership:
	Street Address:	City:	State:	Zip Code:
6.	Name:	Social Security #:	Date of Birth:	% of Ownership:
	Street Address:	City:	State:	Zip Code:
7.	Name:	Social Security #:	Date of Birth:	% of Ownership:
	Street Address:	City:	State:	Zip Code:
8.	Name:	Social Security #:	Date of Birth:	% of Ownership:
	Street Address:	City:	State:	Zip Code:

List all trade or business names used by the applicant. Use additional sheet(s) if necessary. If the applicant does not use other trade or business names check this box ☐ and write N/A on the lines below.	

Is the applicant a subsidiary of another company? (If yes, provide a listing of all parent companies with percentages of ownership, using additional sheet(s) if necessary. Note: A permit issued pursuant to this application is only valid for the applicant, and the applicant's name and address.)	☐ Yes ☐ No

Parent Company Name	% of Ownership

Section IV – Background Questions

BACKGROUND QUESTIONS			
The term "affiliated party" means: (a) a director, officer, trustee, partner, or committee member of a permittee or applicant or a subsidiary or service corporation of the permittee or applicant; (b) a person who, directly or indirectly, manages, controls, or oversees the operation of a permittee or applicant, regardless of whether such person is a partner, shareholder, manager, member, officer, director, independent contractor, or employee of the permittee or applicant; (c) a person who has filed or is required to file a personal information statement pursuant to s. 499.012(9) or is required to be identified in an application for a permit or to renew a permit pursuant to s. 499.012(8); or (d) the five largest natural shareholders that own at least 5 percent of the permittee or applicant. **If you answer "YES" to any questions in Section IV, you must provide detailed explanations in Section V, including requirements for submitting supporting legal documents. If needed, explain on separate sheet(s).**			
1.	☐ Yes If yes, explain in detail in Section V	☐ No	Has the applicant or any "affiliated party" (defined above) been found guilty (regardless of adjudication) or pled nolo contendere in any jurisdiction of a violation of law that directly relates to a drug, device or cosmetic?
2.	☐ Yes If yes, explain in detail in Section V	☐ No	Has the applicant or any "affiliated party" been fined or disciplined by a regulatory agency in any state (including Florida) for any offense that would constitute a violation of Chapter 499, F.S.?
3.	☐Yes If yes, explain in detail in Section V	☐ No	Has the applicant or any "affiliated party" been convicted (regardless of adjudication) of any felony under a federal, state (including Florida), or local law?
4.	☐Yes If yes, explain in detail in Section V	☐ No	Has the applicant or any "affiliated party" been denied a permit or license in any state (including Florida) related to an activity regulated under Chapters 456, 465, 499 or 893, F.S.?
5.	☐Yes If yes, explain in detail in Section V	☐ No	Has the applicant or any "affiliated party" had any current or previous permit or license suspended or revoked which was issued by a federal, state or local governmental agency relating to the manufacture or distribution of drugs, devices, or cosmetics?
6.	☐ Yes If yes, explain in detail in Section V	☐ No	Has the applicant or any "affiliated party" ever held a permit issued under Chapter 499, F.S., in a different name than the applicant's name? If yes, provide the names in which each permit was issued and at what address.

Section V – Explanation(s) for "Yes" response(s) to background question(s)

EXPLANATION

Section VI – Other Permits or Licenses

PERMITS OR LICENSES			
1.	Are there any other permits or licenses issued by any agency of the state of Florida that authorize the purchase or possession of prescription drugs at the applicant's establishment or address? (If yes, provide the name in which the permit is issued, the permit type, permit number, and expiration date in the spaces provided below. Use additional sheets if necessary.)		☐ Yes ☐ No
1.a.	Permit/License Name	Permit/License Type and License Number	Expiration Date
2.	Does the location for which you are applying ship prescription drugs (subject to, defined by, or described by s. 503(b) of the Federal Food, Drug, & Cosmetic Act) in or into Florida? (If no, provide the name(s) and address(es) from which the drugs are shipped into Florida.)		☐ Yes ☐ No
2.a.	Name	Physical Address	Florida Permit or License No:

Section VII – Distribution Activity

DISTRIBUTION ACTIVITIES
Generally identify the applicant's intended customers, the persons and entities that will purchase or receive products from the applicant after permit issuance.
☐ Licensed veterinarians ☐ Veterinary medicine schools, colleges, or instructors ☐ Law Enforcement agencies or officials ☐ Researchers or research facilities ☐ Laboratories or chemical analysis facilities
Identify the types of drugs the applicant will sell or distribute in or into Florida? (Check all that apply in the space below).
☐ Veterinary Prescription Drugs (approved for animal use only) ☐ Human Prescription Drugs ☐ Solid Dose ☐ Liquids (Oral) ☐ Injectables ☐ Topical ☐ Dental ☐ Ophthalmic ☐ Compressed Medical Gases Controlled Substances: Provide your DEA Number: _____ Check Schedules: ☐ Sch II ☐ Sch III ☐ Sch IV ☐ Sch V

1.	Do you understand that only 30% of your total annual prescription drug sales can be prescription drugs (subject to, defined by, or described by s. 503(b) of the Federal Food, Drug, & Cosmetic Act)?	☐ Yes ☐ No
2.	Does the applicant, at any establishment operated by the applicant, distribute prescription drugs (subject to, defined by, or described by s. 503(b) of the Federal Food, Drug & Cosmetic Act) or veterinary prescription drugs to any person other than persons: a. Licensed as veterinarians practicing on a full-time basis; b. Regularly and lawfully engaged in instruction in veterinary medicine; c. Regularly and lawfully engaged in law enforcement activities; d. For use in research not involving clinical use; or e. For use in chemical analysis or physical testing or for purposes of instruction in law enforcement activities, research, or testing.	☐ Yes ☐ No
3.	For all prescription drug sales by the applicant (including all sales by the entity identified by the Federal Employer Identification Number provided in this application) for the most recent calendar year ending December 31st, provide the percentage of those total sales that WERE prescription drugs (subject to, defined by, or described by s. 503(b) of the Federal Food, Drug & Cosmetic Act).	Percentage:
4.	For all prescription drug sales by the applicant (including all sales by the entity identified by the Federal Employer Identification Number provided in this application) for the most recent calendar year ending December 31st, provide the percentage of those total sales that WERE NOT prescription drugs (subject to, defined by, or described by s. 503(b) of the Federal Food, Drug & Cosmetic Act).	Percentage:
5.	Does the applicant's establishment repackage prescription drugs (subject to, defined by, or described by s. 503(b) of the Federal Food, Drug & Cosmetic Act)?	☐ Yes ☐ No
6.	Does the applicant understand that any establishment operated by the applicant cannot distribute any prescription drugs (subject to, defined by, or described by s. 503(b) of the Federal Food, Drug & Cosmetic Act) to any person who is authorized to sell, distribute, purchase, trade or use these drugs on or for any humans?	☐ Yes ☐ No
7.	Are products distributed under this permit intended for export? (Note: A permit may be required for freight forwarders handling products in Florida)	☐ Yes ☐ No
8.	Are all required records stored and maintained at applicant's physical address? (If no, provide the establishments address where all required records will be stored and maintained below.)	☐ Yes ☐ No
9.	Physical address where required records are stored Street Address:	
	City: / State: / Zip Code (+4 optional):	
10.	Are the required records computerized, automated or stored electronically?	☐ Yes ☐ No
	If yes, do you have a back-up procedure to be able to provide required records?	☐ Yes ☐ No

11.	Do you understand that freight forwarders in Florida exporting for you need a permit under Chapter 499, F.S.?	☐ Yes ☐ No
12.	Is the applicant licensed by Chapter 465, F.S., as any type of pharmacy? If yes, please provide the Florida pharmacy permit number: _____	☐ Yes ☐ No
13.	Does the applicant, any of the applicant's parent, sister or subsidiary companies, provide diagnostic, medical, surgical, or dental treatment or care, or chronic or rehabilitative care? If so, please list all company/companies below. Attach additional sheets if necessary. _____ _____	☐ Yes ☐ No
14.	Have you included the $20,000 bond requirement?	☐ Yes ☐ No

Section VIII – If located in the state of Florida

DISTRIBUTION ACTIVITIES		
1.	Section 499.0121(2), F.S., requires establishments to be equipped with: a) an alarm system to detect entry after hours and b) a security system that provides protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records. Please provide a written description of the alarm and security systems that includes both the type of systems used and how the systems are monitored. Alarm system description included? ☐ Yes ☐ No Security system description included? ☐ Yes ☐ No	
2.	Is there a quarantine area at the applicant's establishment? (If not, please explain on a separate sheet.) Explanation included? ☐ Yes ☐ No	☐ Yes ☐ No
3.	Is the applicant's establishment equipped with adequate climate controls (including refrigerated and freezing storage if appropriate for the applicant's distributed products) to ensure safe storage? (If not, please explain on a separate sheet.) Explanation included? ☐ Yes ☐ No	☐ Yes ☐ No
4.	Does the applicant have written policies and procedures to include: the receipt, security, storage, inventory, distribution/disposition of prescription drugs; distributing oldest approved stock first (FIFO); identifying, recording and reporting prescription drug losses and thefts; maintenance, retrieval and retention of required records; prescription drug recalls and withdrawals; natural disasters and other emergencies; segregation and destruction of outdated products; temperature and humidity monitoring?	☐ Yes ☐ No
5.	Provide the date the establishment will be ready and available for inspection. This is the earliest date the application may be deemed complete.	___/___/20___

Section IX– If located in a state other than Florida

DISTRIBUTION ACTIVITIES		
1.	Provide a valid license/permit number issued by your resident state that authorizes the sale/distribution of prescription drugs from the applicant's address. Attach a copy.	
1.a.	Type of Permit:	Permit No:

2.	Provide the name, address, and telephone number of the regulatory entity in the resident state that issues the above license/permit.		
2.a.	State Agency Name:		
2.b.	Address:		
	City:	State:	Zip Code:
2.c.	Telephone Number:		

Section X – Affidavit

AFFIDAVIT

Pursuant to s. 559.79, F.S., each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.

Pursuant to s. 559.791, F.S., any license issued by the Department of Business and Professional Regulation which is issued or renewed in response to an application upon which the person signing under oath or affirmation has falsely sworn to a material statement, including, but not limited to, the names and addresses of the owners or managers of the licensee or applicant, shall be subject to denial of the application or suspension or revocation of the license, and the person falsely swearing shall be subject to any other penalties provided by law.

I understand that the issuance of a permit by the department only authorizes the applicant to conduct regulated activities in the state of Florida under the name in which the permit is issued. If the permit is issued in the name of a dba the applicant may only conduct business in Florida in the name of the dba.

I further understand that providing additional dba names to the department as part of the application process is not, upon licensure, an authorization to conduct business in Florida under the name of those additional dba's.

I certify that I am empowered to execute this application as required by s. 559.79, F.S. I understand that my signature on this application has the same legal effect as if made under oath. To the best of my knowledge, all information contained on this application is true and correct. I understand the falsification of any information on this application may result in administrative action, including a fine, suspension, or revocation of the license.

Signature of Owner or Officer:*	Date:
Print Name:	Title:

***If signed by someone other than an owner or officer, you must submit a letter from an owner or officer authorizing the signer to bind the applicant.**

Mail completed application to:
Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-1047