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

Application for Permit as a Nonresident Prescription Drug Manufacturer
Form No.: DBPR-DDC-202

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

APPLICATION	APPLICATION REQUIREMENTS
Application for Permit as a Nonresident Prescription Drug Manufacturer	☐ $1,000 **nonrefundable** biennial application fee. If the applicant is applying for multiple manufacturing permits in the applicant's name and at applicant's address, you are only required to pay for the permit with the highest fee. ☐ Make cashier's check, corporate check, or money order payable to the Florida Department of Business and Professional Regulation. ☐ If you answer "Yes" to any question in Section IV, be sure to provide a detailed explanation along with any relevant documentation. ☐ Submit photocopy of your license/permit(s) issued by your resident state that authorizes the distribution of prescription drugs from the applicant's address. ☐ Sign and date the Affidavit section of the application.
	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)f, 499.012(8)(o), 499.63(2), and 559.79(3), Florida Statutes, for the efficient screening of applicant 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.

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

Application for Non-Resident Prescription Drug Manufacturer
Form No.: DBPR-DDC-202

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 [3326/1020]
☐ 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). [3326/1020] 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", "D/B/A", 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):
Country (if located outside the United States):	Telephone Number:	Fax Number:

PHYSICAL ADDRESS OF ESTABLISHMENT TO BE PERMITTED (only if different from mailing address) Check ☐ if not applicable		
Street Address:		
City:	State:	Zip Code (+4 optional):
Country (if located outside of Florida):	Telephone Number:	
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 INFORMATION			
The emergency contact is the person that the department will contact in the case of an emergency. During an emergency, the department will contact this person at times outside of the regular business hours listed below. The contact information provided should be sufficient for the department to actually reach and communicate with the person listed in the event of an emergency.			
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.	
Mon ____:____ a.m./p.m. to ____:____ a.m./p.m. Tue ____:____ a.m./p.m. to ____:____ a.m./p.m. Wed ____:____ a.m./p.m. to ____:____ a.m./p.m. Thu ____:____ a.m./p.m. to ____:____ a.m./p.m.	Fri ____:____ a.m./p.m. to ____:____ a.m./p.m. Sat ____:____ a.m./p.m. to ____:____ a.m./p.m. Sun ____:____ a.m./p.m. to ____:____ a.m./p.m.

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:				
List name and address of the applicant's registered agent for service of process in Florida (except Sole Proprietorship or Partnership – General) 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. If such person is a business entity, list the business entity name, TIN/FEIN and percentage of ownership and check the box labeled "N/A" for date of birth.

1.	Name:	SSN/TIN/FEIN#	Date of Birth: ☐ N/A	% of Ownership:
	Street Address:	City:	State:	Zip Code:
2.	Name:	SSN/TIN/FEIN#	Date of Birth: ☐ N/A	% of Ownership:
	Street Address:	City:	State:	Zip Code:

3.	Name:	SSN/TIN/FEIN#	Date of Birth: ☐ N/A	% of Ownership:
	Street Address:	City:	State:	Zip Code:
4.	Name:	SSN/TIN/FEIN#	Date of Birth: ☐ N/A	% of Ownership:
	Street Address:	City:	State:	Zip Code:
5.	Name:	SSN/TIN/FEIN#	Date of Birth: ☐ N/A	% of Ownership:
	Street Address:	City:	State:	Zip Code:
6.	Name:	SSN/TIN/FEIN#	Date of Birth: ☐ N/A	% of Ownership:
	Street Address:	City:	State:	Zip Code:
7.	Name:	SSN/TIN/FEIN#	Date of Birth: ☐ N/A	% of Ownership:
	Street Address:	City:	State:	Zip Code:
8.	Name:	SSN/TIN/FEIN#	Date of Birth: ☐ N/A	% 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. (If no, please check this box ☐ and write "N/A" in the lines below).	☐ Yes ☐ No

Parent Company Name	% of Ownership

Is diagnostic, medical, surgical, or dental treatment or care, or chronic or rehabilitative care services provided at the address of the establishment that is the subject of this permit application? If so, please list the name of the company/companies providing such services below and provide the corresponding license or permit number(s) issued by your residing state's regulatory authority. (Use additional sheet(s) if necessary).	☐ Yes ☐ No

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 of (regardless of adjudication), or pled nolo contendere to, in any jurisdiction, 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 (defined above) 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 (defined above) 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 (defined above) 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 (defined above) 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 (defined above) 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 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, please provide a list of all such permits including the issuing agency, the permit/license type, the permit/license number and the expiration date. If not, check the box indicating no other permits or licenses.). ☐ Permit/licensure list provided. ☐ No permits/licenses.	☐ Yes ☐ No
2.	Is the applicant licensed or permitted to manufacture prescription drugs at the location of the establishment by the licensing or permitting authority in the jurisdiction where the establishment is located? ☐ Yes – Resident license attached. ☐ No – Not permitted in resident state. ☐ No – Not permitted **and** not required to be permitted in resident state; written explanation attached with a copy of relevant regulation and/or laws showing that no permit is required.	☐ Yes ☐ No
3.	Is the applicant licensed in any other jurisdiction as a manufacturer, repackager, distributor, or wholesale distributor of prescription drugs? (If yes, please provide a list all such permits including the state, the permit/license type, the permit/license number and the expiration date. If not, check the box indicating no other permits or licenses.). ☐ Permit/licensure list provided. ☐ No permits/licenses.	☐ Yes ☐ No

4.	Does or will the applicant sell prescription drugs into Florida? (If no, provide the name and address from which the drugs are sold into Florida in the spaces provided below. Use additional sheets if needed.)		☐ Yes ☐ No
	Name	Physical Address	Florida Permit/License Number
5.	Does the location for which you are applying ship prescription drugs into Florida? (If no, provide the name and address of all locations that ship prescription drugs into Florida on your behalf in the spaces provided below. Use additional sheets if needed.)		☐ Yes ☐ No
5a.	Name	Physical Address	Florida Permit/License Number

Section VII – **Prescription Drug Manufacturing Activity**

MANUFACTURING ACTIVITIES

Generally identify the applicant's intended customers, the persons and entities that will purchase or receive products from the applicant establishment after permit issuance.

☐ Manufacturers ☐ Wholesalers ☐ Pharmacies
☐ Hospitals ☐ Practitioners ☐ Health Care Clinics
☐ Veterinarians
☐ Other (explain) _____

Identify the types of prescription drugs that will be distributed by this manufacturer establishment for which this establishment is considered the manufacturer.

☐ Human Prescription Drugs
☐ Solid Dose
☐ Liquids (Oral)
☐ Injectables
☐ Topical
☐ Dental
☐ Ophthalmic
☐ Compressed Medical Gases

☐ Veterinary Prescription Drugs

☐ Repackage – From Bulk as the manufacturer, not as a repackager
☐ Repackage – From Stock as the manufacturer, not as a repackager

☐ Refrigerated (Human, Veterinary, API or Otherwise)
☐ Frozen (Human, Veterinary, API or Otherwise)

☐ Active Pharmaceutical Ingredients (If yes, check the applicable box(es) for your customers):
☐ Manufacturers ☐ Pharmacies for Compounding ☐ Other explain_____

Controlled Substances: Provide your DEA Number: _____ or check ☐ No DEA Number

Check Schedules: ☐ Sch II ☐ Sch III ☐ Sch IV ☐ Sch V

Identify type of operation.

☐ FDA Drug Application Holder (e.g. NDA, ANDA, BLA, NADA, ANADA holder)	☐ Co-licensed partner of the FDA Drug Application Holder	☐ Own Label Manufacturer

Provide your Federal Food and Drug Administration (FDA) establishment registration number.

☐ FDA Establishment Registration Number:_____

or

☐ No FDA Establishment Number AND a written explanation is attached ☐.

Provide all National Drug Codes (NDCs) for all drug listings manufactured or distributed from the establishment. (Provide NDCs and drug listing on a separate sheet.)

List of NDC and Drug listing included? ☐ Yes ☐ No

1.	Are prescription drugs to be distributed under this permit intended for export? (Note: A permit may be required for Florida recipients that are freight forwarders handling prescription drugs in Florida.)	☐ Yes ☐ No
2.	Do you manufacture a prescription drug as a finished product? (If no, explain on a separate sheet providing accurate details and provide an example of a typical label.)	☐ Yes ☐ No
3.	Will you distribute prescription drugs, including any active pharmaceutical ingredient (API), used or intended for use in the manufacture of a prescription drug from the establishment? (For assistance in determining the definition of "distribute" see Section 499.003, Florida Statutes.)	☐ Yes ☐ No
4.	Does the applicant establishment intend to distribute prescription drug samples in the State of Florida through its agents, employees, or independent contractors? (If yes, a Complimentary Drug Distributor permit is required. Please review sections 499.01 and 499.028, Florida Statutes.)	☐ Yes ☐ No
5.	Do you intend to repackage prescription drugs at the establishment and to distribute the drugs into Florida? If yes, then you will need a nonresident prescription drug repackager permit.	☐ Yes ☐ No
6.	Will all required records be stored and maintained at applicant's physical address? (If no, provide the name and address of the establishments where all required records will be stored and maintained under question #6a.)	☐ Yes ☐ No
6a.	Name and physical address where required records will be stored: Name:	
	Street Address:	
	City: / State: / Zip Code (+4 optional):	
7.	Will the required records be computerized, automated or stored electronically? If yes, will you have a back-up procedure to be able to provide required records? If electronically stored and not maintained as a scanned image, is the electronic data maintained unchanged from the time of creation, receipt, purchase or distribution, depending on the document type?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
8.	Is there a quarantine area at the applicant's establishment? (If not, please explain on a separate sheet.) Explanation included? ☐ Yes ☐ No	☐ Yes ☐ No
9.	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	☐ Yes ☐ No

	separate sheet.)	
10.	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	
11.	Sections 499.01(2)(a)1. and 499.0121(8), F.S., requires manufacturers to establish, maintain, and adhere to written policies and procedures, which must be followed for the receipt, security, storage, inventory, and distribution of prescription drugs. These policies and procedures must address the following substantive areas: 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; and product tracing and other requirements under the federal Drug Supply Chain Security Act (DSCSA). Please indicate below, by checking the appropriate box, whether the applicant has established written policies and procedures addressing each substantive area. Receipt, security, storage, inventory, distribution/disposition of prescription drugs ☐ Yes ☐ No Distributing oldest approved stock first (FIFO) ☐ Yes ☐ No Identifying, recording and reporting prescription drug losses and thefts ☐ Yes ☐ No Maintenance, retrieval and retention of required records ☐ Yes ☐ No Prescription drug recalls and withdrawals ☐ Yes ☐ No Natural disasters and other emergencies ☐ Yes ☐ No Segregation and destruction of outdated prescription drugs ☐ Yes ☐ No Temperature and humidity monitoring ☐ Yes ☐ No Product Tracing and other DSCSA requirements ☐ Yes ☐ No	

Section VIII– Qualify as a Manufacturer

QUALIFYING AS A MANUFACTURER (Check all that apply)		
• For the purpose of the questions below, the term "affiliate" means a business entity that has a relationship with another business entity in which, directly or indirectly: a. The business entity controls, or has the power to control, the other business entity; or b. Third party controls, or has the power to control, both business entities. • FDA approvals must be in the name of the applicant as listed on this application. If the FDA approval is not in the same name as the applicant as listed on this application, you may not qualify as a manufacturer.		
1.	**Does the applicant hold a FDA drug application (e.g., a New Drug Application (NDA), an Abbreviated New Drug Application (ANDA), a New Animal Drug Application (NADA), or an Abbreviated New Animal Drug Application (ANADA)) approved under the federal act?** If yes, provide a list of all approved applications and licenses by number on a separate sheet with the drug's respective NDC number(s) listed with FDA, and provide copies of no more than 5 FDA approval letters. List of applications/licenses attached? ☐ Yes ☐ No Copies of approval letters attached? ☐ Yes ☐ No	☐ Yes ☐ No
2.	**Does the applicant hold a Biologics License issued under s. 351 of the Public Health Service Act, 42 U.S.C. s. 262 for a drug or biologic?** If yes, provide a list of the approved licenses by number on a separate sheet, and provide a copy of no more than 5 FDA licenses for drugs or biologics. List of licenses attached? ☐ Yes ☐ No Copies of licenses attached? ☐ Yes ☐ No	☐ Yes ☐ No
3.	**Does the applicant "manufacture" drugs or biologics that are not the subject of an approved FDA application or license?** If yes, please provide: a. All labeling associated with the drug or biologics manufactured and a listing of the drug's respective NDC number(s) listed with FDA by the applicant if not listed on the labeling; b. A written description of the applicant's intent with respect to the drug or biologic, i.e., clinical trial, distribution or commercial sale, etc.; c. Statement of reasoning for which the applicant claims the prescription drug can be marketed in the United States; and d. Documentation that the drug or biologic can be legally placed into interstate commerce as per FDA regulations, for example, a copy of section(s) of the Federal Register, Code of Federal Regulations (CFR) denoting the prescription drug Drug Efficacy Study Implementation (DESI) designation or a copy of section(s) of the CFR denoting the prescription drug remains pending final DESI review, or a copy and summary of material(s) and authoritative literature reviewed during the applicant's investigation supporting that the prescription drug has not yet been reviewed in the DESI process. Labeling attached? ☐ Yes ☐ No Description of intent attached? ☐ Yes ☐ No Statement of reasoning attached ☐ Yes ☐ No Supportive documentation attached? ☐ Yes ☐ No	☐ Yes ☐ No
4.	**Is the applicant a co-licensed partner of a person described in 1, 2, or 3 above, who obtains drugs or biologics directly from a person described in 1, 2, 3 above, 5 below, or another co-licensed partner of such person?** Please provide a complete, fully executed copy of no more than 5 co-licensing agreements between the applicant and the applicant's co-licensed partners. Complete agreements attached? ☐ Yes ☐ No Agreements are considered trade secret? ☐ Yes ☐ No	☐ Yes ☐ No

5.	**Is the applicant an affiliate of a person described in 1, 2, 3, or 4 above, or of another affiliate of such a person, that obtains drugs or biologics directly from a person described in 1, 2, 3 or 4 above or another affiliate of such person?** If yes, please provide the following: a. If the applicant and the affiliate fall under the same business / organizational structure, i.e., one company is a parent, subsidiary, or sister / brother company of the other, provide written documentation describing the relationships between the companies, including, where applicable, the percentages of ownership in each company, an organizational chart with business and d/b/a names; and b. The name and address of the manufacturer or of the affiliate from whom the applicant obtains drugs or biologics. Relationship documents attached? ☐ Yes ☐ No Documents are considered trade secret? ☐ Yes ☐ No List of affiliates attached? ☐ Yes ☐ No List of affiliates considered trade secret? ☐ Yes ☐ No	☐ Yes ☐ No

Section IX – 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 OR D/B/A THE APPLICANT MAY ONLY CONDUCT BUSINESS IN FLORIDA IN THE NAME OF THE DBA OR D/B/A.

I FURTHER UNDERSTAND THAT PROVIDING ADDITIONAL DBA OR D/B/A 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 OR D/B/A'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 Applicant, Owner or Chief Executive:	Date:
Print Name:	Title:

Mail completed application to:

Department of Business and Professional Regulation
Division of Drugs, Devices and Cosmetics
2601 Blair Stone Road
Tallahassee, FL 32399-1047