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

<table>
<thead>
<tr>
<th>APPLICATION</th>
<th>APPLICATION REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application for Permit as a Veterinary Prescription Drug Wholesale Distributor</td>
<td>☐ Establishments located in the state of Florida, enclose $1,150.00 fee, which includes $1,000.00 application fee and $150.00 initial application/on-site inspection fee.</td>
</tr>
<tr>
<td></td>
<td>☐ Establishments located outside the state of Florida, enclose $1,000.00 fee.</td>
</tr>
<tr>
<td></td>
<td>☐ Make cashier’s check or money order payable to the Florida Department of Business and Professional Regulation.</td>
</tr>
<tr>
<td></td>
<td>☐ If the applicant answered “Yes” to any question in Section IV, enclose a detailed explanation along with any relevant documentation.</td>
</tr>
<tr>
<td></td>
<td>☐ Sign and date the Affidavit section of the application.</td>
</tr>
<tr>
<td></td>
<td>☐ Submit the completed application with enclosures to:</td>
</tr>
<tr>
<td></td>
<td>Department of Business and Professional Regulation</td>
</tr>
<tr>
<td></td>
<td>2601 Blair Stone Road</td>
</tr>
<tr>
<td></td>
<td>Tallahassee, FL 32399-1047</td>
</tr>
</tbody>
</table>
State of Florida  
Department of Business and Professional Regulation  
Division of Drugs, Devices, and Cosmetics  

Application for Veterinary Prescription Drug Wholesale Distributor  
Form No.: DBPR-DDC-216  

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

<table>
<thead>
<tr>
<th>CHECK ONE OF THE APPLICATION TYPES</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ New Application [3342/1020]</td>
</tr>
<tr>
<td>☐ 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). [3342/1020]</td>
</tr>
<tr>
<td>Current Permit Number ______________</td>
</tr>
</tbody>
</table>

Section II – Applicant Information

<table>
<thead>
<tr>
<th>APPLICANT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Tax Identification Number:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FULL LEGAL NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant’s Full Legal Name:</td>
</tr>
</tbody>
</table>

| FICTITIOUS, TRADE OR BUSINESS NAME       |
| (only if applicant intends to operate under the permit under a name different from full legal name) |
| Full Fictitious, Trade or Business Name (sometimes “d/b/a” or “dba”): |

Note: This name will appear on the permit and must be used on the applicant’s operational documents for permitting activities.

If the applicant intends to operate under a fictitious, trade or business name, provide the corresponding registration number for the Florida Secretary of State, Division of Corporations: ___________________

<table>
<thead>
<tr>
<th>APPLICANT’S MAILING ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address or P.O. Box:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code (+4 optional):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL ADDRESS OF ESTABLISHMENT TO BE PERMITTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code (+4 optional):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County (if Florida address):</th>
<th>Country:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-Mail Address:</th>
<th>Phone Number:</th>
<th>Fax Number:</th>
</tr>
</thead>
</table>
### APPLICATION CONTACT

Whom should the department contact with questions regarding this application?

<table>
<thead>
<tr>
<th>Last/Surname</th>
<th>First</th>
<th>Middle</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Address:

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code (+4 optional):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Telephone Number:  
Fax Number:  
E-Mail Address:  

### EMERGENCY CONTACT RESIDENT INFORMATION

<table>
<thead>
<tr>
<th>Last/Surname</th>
<th>First</th>
<th>Middle</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Position/Title:

Residence Street Address (must be different than establishment physical address):

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code (+4 optional):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Residence Phone Number:  
E-Mail Address:  

### OPERATING HOURS

List Operating Hours – minimum 10 total per week (M-F) between 8:00 a.m. and 5:00 p.m. Eastern Standard Time, and at least 2 consecutive hours on at least 1 day:

<table>
<thead>
<tr>
<th>Day</th>
<th>Start Time</th>
<th>End Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tue</td>
<td></td>
<td></td>
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<td>Wed</td>
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<td>Fri</td>
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<tr>
<td>Sat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sun</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.

State or Country:
List name and address of the applicant’s registered agent for service of process in Florida (except Sole Proprietorship or Partnership – General).

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
</tbody>
</table>

City: | State: | Zipcode (+4 Optional):

List the name, position/title, date of birth and percentage of ownership, if applicable, for the applicant’s owners, partners, members, managers, and corporate officers/directors.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Title</th>
<th>Date of Birth</th>
<th>% of Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

List all trade or business names used by the applicant. Use additional sheet(s) if necessary.

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.)

<table>
<thead>
<tr>
<th>Parent Company Name</th>
<th>% of Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
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</table>

Section IV – Background Questions

<table>
<thead>
<tr>
<th>1.</th>
<th>Yes</th>
<th>No</th>
<th>Has the applicant or any “affiliated party” (defined below) been found guilty (regardless of adjudication) or pled no lo contendere in any jurisdiction of a violation of law that directly relates to a drug, device or cosmetic?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td>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.?</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td>Has the applicant or any affiliated party been convicted (regardless of adjudication) of any felony under a federal, state (including Florida), or local law?</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td>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, 893, F.S.?</td>
</tr>
</tbody>
</table>
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?

Yes [ ] No [ ]

If yes, explain in detail in Section V.

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?

Yes [ ] No [ ]

If yes, explain in detail in Section V.

The term “affiliated party” includes all of the following that may apply: the applicant’s (i) directors, officers, trustees, partners, or committee members; (ii) any person who manages, controls or oversees the applicant’s operations (does not have to be an employee), including the establishment manager and the next four (4) highest ranking employees responsible for prescription drug wholesale operations; and (iii) the five (5) individuals (natural persons) who own at least 5% of the applicant’s stock ownership interest.

If you answered “YES” to any questions in Section IV, provide detailed explanations in Section V, including requirements for submitting supporting legal documents. If needed, explain on separate sheet(s).

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

EXPLANATION

<table>
<thead>
<tr>
<th>EXPLANATION</th>
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</table>

Section VI – Other Permits or Licenses

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 in the spaces provided below.)

Yes [ ] No [ ]

Permit/License Name | Permit/License Type | Permit/License Number
---------------------|---------------------|---------------------
1.a.                 |                     |                     
1.a.                 |                     |                     

2. Does the location for which you are applying sell veterinary prescription drugs from or into Florida? (If no, provide the name and address from which the veterinary prescription drugs are sold into Florida in the spaces provided below. Use additional sheets if needed.)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

2a. Name | Physical Address | Florida Permit/License Number

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
</table>

3. Does the location for which you are applying ship veterinary prescription drugs into Florida? (If no, provide the name and address of all locations that ship veterinary prescription drugs into Florida on your behalf in the spaces provided below. Use additional sheets if needed.)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

3a. Name | Physical Address | Florida Permit/License Number

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

4. Does the applicant intend to engage in the wholesale distribution of veterinary prescription drugs, which the applicant did not manufacture, which are subject to, defined by, or described by s. 503(b) of the Federal Food, Drug, and Cosmetic Act? If yes, the applicant needs to be permitted as a prescription drug wholesale distributor, an out-of-state prescription drug wholesale distributor, or a limited prescription drug veterinary wholesale distributor, in lieu of a veterinary prescription drug wholesale distributor.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### Section VII – Veterinary Prescription Drug 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.

- [ ] Manufacturers
- [ ] Wholesalers
- [ ] Pharmacies
- [ ] Hospitals
- [ ] Practitioners
- [ ] Clinics
- [ ] Veterinarians
- [ ] Other (explain) _____________________________________________________________________________________

Identify the types of drugs the applicant will sell or distribute in or into Florida? (Check all that apply in the space below).

- [ ] Veterinary Legend Drugs (approved for animal use only)
- [ ] Active Pharmaceutical Ingredients

Note: If you sell or distribute any prescription drugs approved for human use, you do not qualify for this permit.
1. Are products distributed under this permit intended for export?  
(Note: A permit may be required for freight forwarders handling products in Florida.)  
☐ Yes  ☐ No

2. 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

3. Physical address where required records are stored  
Street Address:  
City:  
State:  
Zip Code (+4 optional):

4. Are the required records computerized, automated or stored electronically?  
If yes, do you have a back-up procedure to be able to provide required records?  
☐ Yes  ☐ No

5. Does the applicant manufacture veterinary legend drugs?  
☐ Yes  ☐ No

6. Does the applicant repackage veterinary legend drugs?  
☐ Yes  ☐ No

7. Is the applicant a private label distributor of veterinary legend drugs?  
☐ Yes  ☐ No

8. Do you understand that freight forwarders in Florida exporting for you or your customer need a permit under Chapter 499, F.S?  
☐ Yes  ☐ No

9. Does the applicant, 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. (Use additional sheet(s) if necessary).  
☐ Yes  ☐ No

Section VIII – If Located in the State of Florida

<table>
<thead>
<tr>
<th>DISTRIBUTION ACTIVITIES</th>
</tr>
</thead>
</table>
| 1. Is the applicant’s establishment equipped with an alarm system to detect entry after hours and a security system protecting against theft and diversion? (If yes, provide the types and descriptions of those systems on a separate sheet.)  
☐ Yes  ☐ No |
| 2. Is there a quarantine area at the applicant’s establishment? (If not, please explain on a separate sheet.)  
☐ 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?  
☐ 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

<table>
<thead>
<tr>
<th>DISTRIBUTION ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>1.a. Type of Permit:</td>
</tr>
<tr>
<td>2. Provide the name, address, and telephone number of the regulatory entity in the resident state that issues the above license/permit.</td>
</tr>
<tr>
<td>State Agency Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Telephone Number:</td>
</tr>
</tbody>
</table>

Section X – Affidavit

<table>
<thead>
<tr>
<th>AFFIDAVIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 owner or corporate officer of the applicant without the need for witnesses unless otherwise required by law.</td>
</tr>
<tr>
<td>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. 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.</td>
</tr>
<tr>
<td>Signature of Owner or Officer:*</td>
</tr>
<tr>
<td>Print Name:</td>
</tr>
</tbody>
</table>

* 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