

STATE OF CALIFORNIA  
**RESTRICTED LIVESTOCK DRUG LICENSE**  
**APPLICATION**

DEPARTMENT OF FOOD AND AGRICULTURE  
 FEED, FERTILIZER, & LIVESTOCK DRUGS REGULATORY SERVICES

513-040 (REV. 01/14)

<b>FOR OFFICE USE ONLY</b>	<input type="checkbox"/> NEW COMPANY	<input type="checkbox"/> NEW LOCATION	FIRM NO. _____
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DOING BUSINESS AS

\_\_\_\_\_ (FIRM NAME) \_\_\_\_\_ (PHONE NUMBER)

FULL NAME OF APPLICANT (OWNER OR OWNERS)

MAILING ADDRESS (USE P.O. BOX, IF APPLICABLE)

\_\_\_\_\_ (STREET NUMBER) \_\_\_\_\_ (CITY OR TOWN) \_\_\_\_\_ (COUNTY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE +4)

LOCATION OF BUSINESS TO BE LICENSED

\_\_\_\_\_ (STREET NUMBER) \_\_\_\_\_ (CITY OR TOWN) \_\_\_\_\_ (COUNTY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE +4)

MANAGER OR EMERGENCY CONTACT

\_\_\_\_\_ (FIRST NAME) \_\_\_\_\_ (LAST NAME) \_\_\_\_\_ (E-MAIL ADDRESS) \_\_\_\_\_ (PRIMARY PHONE ) \_\_\_\_\_ (SECONDARY PHONE)

IS THIS A MOBILE UNIT  Yes  No **If yes, please enter license plate number** \_\_\_\_\_

CHECK ONE:  PARTNERSHIP  LIMITED LIABILITY COMPANY (LLC)  
 CORPORATION  INDIVIDUAL  COPARTNERSHIP  OTHER \_\_\_\_\_

TITLE OF COMPANY REPRESENTATIVE RESPONSIBLE FOR COMPLIANCE WITH THE LIVESTOCK DRUGS LAW

EACH HOLDER OF A LICENSE UNDER THIS CHAPTER SHALL KEEP A RECORD, IN THE MANNER AND FORM PRESCRIBED BY THE SECRETARY, OF EACH SALE OF A RESTRICTED DRUG BY LICENSEE. THE RECORD REQUIRED PURSUANT TO SECTION 14328 SHALL INCLUDE ALL OF THE FOLLOWING: A STATEMENT OF THE KIND AND QUANTITY OF THE RESTRICTED DRUG SOLD, THE DATE OF SALE, THE NAME AND ADDRESS OF THE PURCHASER, AND THE SIGNATURE OF THE PURCHASER.

THE SECRETARY SHALL REVOKE A RESTRICTED LIVESTOCK DRUG LICENSE IF THE HOLDER OF SUCH LICENSE HAS FAILED TO KEEP THE REQUIRED RECORD OF SALES OF SUCH DRUGS, OR IS NOT PROPERLY HANDLING OR STORING SUCH DRUGS.

***I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.***

The Department of Food and Agriculture has established time periods for the processing of permit applications, in compliance with Government Code Sections 15374-15378. Failure to comply with these time periods may be appealed to the Secretary of Food and Agriculture, P.O. Box 942871, Sacramento, CA 94271-0001, pursuant to regulations set forth in Title 3, California Code of Regulations, Section 301. Under certain circumstances, the Secretary may order that the applicant receive a reimbursement of filing fees.

SIGNATURE OF AUTHORIZED REPRESENTATIVE AND TITLE	
TYPE OR PRINT NAME	DATE

THE FEE FOR A RESTRICTED LIVESTOCK DRUG LICENSE FOR EACH BUSINESS LOCATION IS FIFTY DOLLARS (\$50). THE LICENSE PERIOD IS FOR THE CALENDAR YEAR ENDING DECEMBER 31. THE LAW MAKES NO PROVISIONS FOR REDUCING THE FEE FOR A FRACTION OF A YEAR.

SUBMIT APPLICATION WITH FEE MADE PAYABLE TO:  
 CASHIER, FLD  
 CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE  
 P.O. BOX 942872  
 SACRAMENTO, CA 94271-2872

**DO NOT SEND COIN OR CURRENCY**

<b>DEPT. USE ONLY</b>	
RC NO. AND DATE	
FEE	PENALTY
APPLICATION O.K.	