

**Florida Department of Business and Professional Regulation  
Drugs, Devices and Cosmetics  
Application for Permit Renewal Under Chapter 499, F.S.**

Department Use Only

This application form provides information as required by the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes

DDC\_DISC\_TEXT

The fee of FEE and the renewal notice must be postmarked on or before BEFORE\_DATE  
Renewal Notices postmarked on or after AFTER\_DATE require renewal and delinquent fees of DELQ FEE

- |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Current Mailing Address:<br/>This address will be used for all correspondence from the Department</p> <p>MAILING NAME<br/>MAILING ADDRESS1<br/>MAILING ADDRESS2<br/>MAILING ADDRESS3<br/>MAILING ADDRESS4<br/>MAILING ADDRESS5<br/>MAILING ADDRESS6</p> | <p>2. Current Permit and Physical Address:<br/>This address will be printed on your license and posted on the Internet.</p> <p>LOCATION NAME<br/>LOCATION ADDRESS1<br/>LOCATION ADDRESS2<br/>LOCATION ADDRESS3<br/>LOCATION ADDRESS4<br/>LOCATION ADDRESS5<br/>LOCATION ADDRESS6</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Email Address: \_\_\_\_\_ FEIN: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Current Owner or Chief Executive Officer (CEO):  
Name: CONTACT NAME Telephone Number: CONTACT TELEPHONE

Last	First	Middle	SSN
Residence Address (City/State/Zip)			( ) Residence Phone
Date of Birth	Place of Birth	Race	Sex
Height	Weight	Hair Color	Eye Color

To expedite renewal of your application, please call 850.717.1800 for an official fingerprint card.  
Otherwise, we will send you a fingerprint card upon receipt of this application.  
Fingerprints must be taken by an authorized law enforcement officer.

4. HAS THE OWNER OR ANY CORPORATE OFFICER:
- |                                                                                                                                                                                                                                        |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| BEEN CONVICTED OF A FELONY UNDER THE PRESCRIPTION DRUG OR CONTROLLED SUBSTANCE LAWS OF FLORIDA OR ANY OTHER STATE OR FEDERAL JURISDICTION, REGARDLESS OF WHETHER A PARDON HAS BEEN GRANTED OR WHETHER CIVIL RIGHTS HAVE BEEN RESTORED? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| BEEN CONVICTED OF ANY FELONY OTHER THAN A FELONY UNDER THE PRESCRIPTION DRUG OR CONTROLLED SUBSTANCE LAWS OF FLORIDA OR ANY OTHER STATE OR FEDERAL JURISDICTION AND NOT BEEN GRANTED A PARDON OR HAD CIVIL RIGHTS RESTORED?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| BEEN ADJUDICATED MENTALLY INCOMPETENT AND NOT HAD CIVIL RIGHTS RESTORED?                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| BEEN DENIED A PERMIT OR LICENSE IN ANY STATE RELATED TO AN ACTIVITY REGULATED UNDER CHAPTER 499, F.S.?                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. ATTACH TWO 2"x2" FRONT-VIEW, FULL-FACE PHOTOGRAPHS OF THE OWNER OR CHIEF EXECUTIVE OFFICER, TAKEN WITHIN THE LAST SIX MONTHS. THESE PHOTOGRAPHS MUST BE CLEAR AND RECOGNIZABLE AND CANNOT BE ON HOME POLAROID TYPE PAPER.

6. Has there been a majority change in ownership or controlling interest in the company?  
If yes, this permit cannot be renewed. A new permit is required.  Yes  No

THE AFFIDAVIT ON THE REVERSE SIDE MUST BE COMPLETED

7. Other Information:

**By submitting the appropriate renewal fees to the Department, I certify compliance with all requirements for renewal. I am responsible for knowing these requirements as set forth in the laws and rules that govern my profession.**

File Number: FILE\_NBR

Profession Code: CLNT\_CDE

8. There are two renewal methods available:

US Mail: Mail completed form and fee made payable to Department of Business and Professional Regulation to the following address:

**Department of Business and Professional Regulation  
1940 North Monroe Street  
Tallahassee, FL 32399-1047**

Online application: Visit [www.myfloridalicense.com](http://www.myfloridalicense.com) to submit an online application along with credit card payment.

9. Checklist for Mailing Renewal Form:

If mailing your renewal form, use the checklist below as a guide for enclosing all the required items to ensure a smooth renewal. If renewing by mail, allow 2-4 weeks for processing time.

- Renewal notice
- Cashier's Check or Money Order written to Department of Business and Professional Regulation
- Fingerprint card (if change in CEO)
- Provide correct Current owner or Chief Executive Officer (CEO) residence address and residence phone number
- Two 2"X2" front-view, full-face photographs of owner or CEO
- Signed and notarized affidavit below
- Mail to: Department of Business and Professional Regulation, 1940 North Monroe Street, Tallahassee, FL 32399-1047

10. Affidavit (must be completed):

I do solemnly swear or affirm that the information submitted to the Department on this application and any attachments thereto are true and correct.		
_____ Signature of Owner or Corporate Officer If signed by someone other than an owner or officer, you must submit a letter of delegation for the signer to bind the applicant.	_____ Title	_____ Date