

RENEWAL NOTICE

DHHS
DIVISION OF PUBLIC HEALTH
LICENSURE UNIT
PO Box 94986
Lincoln NE 68509-4986
PH: (402) 471-2118

YOUR VETERINARY DRUG DISTRIBUTOR LICENSE EXPIRES JULY 1, 2025.

TO RENEW THIS LICENSE BY MAIL, THE RENEWAL FEE AND THIS COMPLETED DOCUMENT MUST BE POSTMARKED ON OR BEFORE JULY 1, 2025, TO RENEW THIS LICENSE AND AVOID A LATE PENALTY FEE.

Name of Pharmacy

Designated Representative

Address

RENEWAL FEE: \$500

City/State/Zip

LICENSE#:

ANNUAL RENEWAL

MAKE CHECK PAYABLE TO "DHHS LICENSURE UNIT" (YOU WILL NOT RECEIVE A RECEIPT). PLEASE ALLOW 10 BUSINESS DAYS TO PROCESS YOUR RENEWAL.

Please provide a copy of your latest inspection/accreditation.

This license is non-transferrable.

(1)	If renewal applicant is an individual or partnership, signature owner: <i>Please note that if the renewal applicant is an individual, then the applicant must provide his/her immigration status or alien number, and agree to provide a copy of his/her United State Citizenship and Immigration Services (USCIS) documentation.</i>	
	Signature of owner:	Date:
(2)	If renewal applicant is a limited liability company with two members or less, signature of one member.	
	Signature of member:	Date:
(3)	If renewal applicant is a limited liability company with more than two members, signature of two or more members.	
	Signature of member:	Date:
	Signature of member:	Date:
(4)	If renewal applicant is a corporation, signature of two officers:	
	Signature of officer:	Date:
	Signature of officer:	Date: