

**RESTRICTED LIVESTOCK DRUG
LICENSE RENEWAL NOTICE**

513-117 (Rev. 01/2024)

State of California
Department of Food and Agriculture
Feed and Livestock Drugs Inspection Program
1220 N Street, Sacramento, CA 95814
(916) 900-5022



FIRM ID: _____

FIRM NAME: _____

AMOUNT DUE: \$50.00

**DELINQUENT AMOUNT DUE
AFTER 01/31/2024: \$100.00**

LOCATION TO BE RENEWED: LICENSE ID: _____

ADDRESS: _____

PLEASE COMPLETE ALL FIELDS. INCOMPLETE FORMS CANNOT BE PROCESSED.

Please indicate any necessary corrections to the above name and address:

Registered Agent or Legal Representative Name: _____

Phone: _____ Email: _____

Company Name: _____

Mailing Address (P.O. Box, if applicable): _____

City: _____ County: _____ State: _____ ZIP: _____

Effective Date of Change: _____ Federal Tax ID Number: _____

Legal Entity Type (check one):

Corporation Individual LLC Partnership Co-Partnership Other: _____

Is this a mobile unit? Yes No If yes, enter license plate number: _____

Are you an online retailer? Yes No If yes, provide website: _____

Are you a distributor? Yes No

Manager or Emergency Contact:

Name: _____ Phone: _____ Email: _____

Point of Contact for Correspondence:

Name: _____ Email: _____

Person Responsible for Compliance with Laws and Regulations:

Name: _____ Title: _____

Phone: _____ Email: _____

If you are NO LONGER IN BUSINESS, enter the EFFECTIVE DATE: _____

Sign this form and return with the appropriate fees in the enclosed Cashier's envelope. Make checks payable to: Cashier-FLD, Department of Food and Agriculture.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Name: _____ Title: _____

Phone: _____ Signature: _____ Date: _____