

OHIO VETERINARY MEDICAL LICENSING BOARD -APPLICATION FOR BUSINESS FACILITY PERMIT-

FOR OFFICE USE ONLY: _____ # Payment Received \$ _____ Amount

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Business Facility # _____ Effective Date: ____/____/____ Expiration Date: ____/____/____

*Pursuant to Ohio Revised Code Section 4741.28 every veterinary business in Ohio that is either non-veterinarian owned or operating as a 501(c)(3) not-for-profit corporation and not having a majority of licensed veterinarians on its board must have a veterinary business facility permit.

Application for:

Business Facility Permit = **\$300.00**

Application Fees are Non-Refundable

1.) Name of Owning Corporation: _____

2.) Address of Corporation: _____

Street / PO Box

City / State / Zip

County

Telephone Number

Fax Number

3.) Name of Parent Company: _____
(if applicable)

Street / PO Box

City / State / Zip

County

4.) Name of Veterinary Business Facility:

Facility

Street / PO Box

City / State / Zip

County

5.) Mailing Address:
(if different from above)

Street / PO Box

City / State / Zip

County

Telephone Number

Fax Number

6.) Hours of Operation: _____

614/644-5281 phone
614/644-9038 fax

77 S. High St., 16th Floor
Columbus, OH 43215-6108

Webpage: www.ovmlb.ohio.gov
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