



Newfoundland & Labrador Pharmacy Board

Apothecary Hall
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St. John's, NL A1E 1B3

www.nlpb.ca

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Application for a New Business License

PLEASE PRINT CLEARLY

Date of Application: _____

Scheduled Opening Date: _____

Potential Inspection Date: _____

Pharmacy Name: _____
Pharmacy Trading Name

Pharmacy Corporate Name

Pharmacy Location Information: _____
Street Address P.O. Box (if applicable)

City/Town Postal Code

Pharmacy Contact Information: _____
Telephone # Fax #

Store Email Address Website (if applicable)

Staff Information: Pharmacist-in-Charge: _____

Staff Pharmacists: _____

Other Dispensary Staff, including job title: _____

Owner / Shareholder Information: _____
Name Address Profession

Please list the names, addresses and professions of all persons who are shareholders (except for publicly-traded companies), or directors, partners or the individual owner.

Name Address Profession

Name Address Profession

Name Address Profession

**Pharmacy / Dispensary
Details:**

Will the pharmacy be open a minimum of 36 hours per week? Yes No

Will the pharmacy have a Lock and Leave enclosure? Yes No

If **YES**, please include a completed copy of the form,
Application for Lock & Leave Approval, with this application

Pharmacy Business Hours:

MON-FRI _____
SAT _____
SUN _____
HOLIDAYS _____

Dispensary Business Hours:

MON-FRI _____
SAT _____
SUN _____
HOLIDAYS _____

Will the size of the dispensary meet the minimum requirements of 9.29 m² (excluding the professional products and patient waiting areas)? Yes No

Have you included a sketch or floor plan of the pharmacy with this application?

PLEASE NOTE: This floor plan should show the location of the dispensary area as well as the professional products area. It should also include the exact measurements of the floor area in the dispensary as well as the locations of all windows and doors. Yes No

Will the Professional Products area of the pharmacy be easily identifiable and in an area immediately adjacent to the pharmacy under the direct supervision of a pharmacist? Yes No

Will the "No Public Access" area of the dispensary be easily identifiable but separated from the Professional Products area so that there is no opportunity for patient self-selection? Yes No

Will the pharmacy be dispensing Methadone? Yes No

If **YES**, please include a completed copy of the form,
Registration as a Pharmacy Dispensing Methadone, with this application.

If **NO**, would you be willing to dispense methadone in the future if the need arises in your area? Yes No

Payment: Fee Paid By: Cash, Cheque or Money Order VISA Mastercard

Name on Card

Card #

Expiry Date

Certification: I certify that the information contained in this application is complete and correct and I recognize that false or incomplete information on the application may be cause for revocation of the pharmacy license.

I agree to abide by the requirements of, and acknowledge my responsibilities as Pharmacist-in-Charge under the Pharmacy Act, its Regulations and Bylaws and the Standards of Practice established by the Newfoundland and Labrador Pharmacy Board. *(continued...)*

