



Newfoundland & Labrador Pharmacy Board

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

www.nlpb.ca

Telephone
Fax
e-mail

(709) 753-5877 or 1-877-453-5877 (toll free)
(709) 753-8615
inforx@nlpb.ca

Pharmacy Closure (Termination of Business License)

PLEASE PRINT CLEARLY

Pharmacy Name: _____

Pharmacist-in-Charge: _____

Pharmacy Address: _____

Street Address _____ P.O. Box (if applicable) _____

City/Town _____ Postal Code _____

() _____
Phone Number

Date of Closure: _____

Pharmacy to which
prescription files have
been transferred: _____

Street Address _____ P.O. Box (if applicable) _____

City/Town _____ Postal Code _____

() _____
Phone Number

How were Schedule I, II and
III drugs including narcotic
and controlled drugs
disposed of?

I certify the above named pharmacy has ceased operation on the date shown and that I have complied with all requirements of Section 30 of the *Pharmacy Act*.

Pharmacist-in-Charge Signature

Date Signed

FOR OFFICE USE ONLY

Date Received: _____

License Returned? Yes No

Secretary-Registrar Signature