



# Newfoundland & Labrador Pharmacy Board

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## Application to Change Pharmacy Name

### Current Pharmacy Information:

Pharmacy Licence # \_\_\_\_\_

Pharmacy Name \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box (if applicable) \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone Number Fax Number

Pharmacy Email Address \_\_\_\_\_

Name of Pharmacist-in-Charge \_\_\_\_\_ Pharmacist-in-Charge Registration # \_\_\_\_\_

### New Pharmacy Information:

New Pharmacy Name \_\_\_\_\_

New Pharmacy Email Address (if applicable) \_\_\_\_\_

Date Change is to take place \_\_\_\_\_

### Certifications:

- I certify that the information provided on this application is correct and make application to change the pharmacy licence as indicated above. I understand that should any of this information change, I must complete and submit an updated copy of this form.
- I have enclosed the appropriate fee, as indicated in the NLPB Schedule of Fees.

Pharmacist-in-Charge Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

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

Please Print Full Name on Card: \_\_\_\_\_

Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_ CVV # (on back of card) \_\_\_\_\_