



Newfoundland & Labrador Pharmacy Board

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

www.nlpb.ca

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Fax (709) 753-8615
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Application for Relocation of an Existing Pharmacy to a New Address

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 # _____

Pharmacy Owner Contact Information:

(if owned by a partnership, list all names; if owned by a corporation, record corporate name)

Name _____

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

City/Town _____ Postal Code _____

() _____ () _____
Phone Number Email Address

New Location Information:

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

City/Town _____ Postal Code _____

() _____ () _____
Phone Number Fax Number

Pharmacy Email Address _____

Anticipated Relocation Date _____ Proposed Site Visit Date _____

Certifications:

- I certify that the information provided on this application is correct and make application to relocate the pharmacy as indicated above, in accordance with the *NLPB Requirements When Relocating a Pharmacy*. I understand that should any of this information change, I must complete and submit an updated copy of this form.

- I have enclosed a detailed diagram of the layout of the pharmacy with this application or a diagram will follow with the understanding that the application will not be approved until it is received by the NLPB Office. I understand that I may also be required to provide supporting photographs.

- 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)