



Newfoundland & Labrador Pharmacy Board

Apothecary Hall
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www.nlpb.ca

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Application for Renovation of an Existing Pharmacy / Dispensary

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

Please give a brief description of the renovations below:

Anticipated Renovation Completion Date: _____

Proposed Site Visit Date: _____

Certifications:

- I certify that the information provided on this application is correct and make application to renovate the pharmacy as indicated above, in accordance with the *NLPB Requirements When Renovating an Existing Pharmacy/Dispensary*. 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)