



# Newfoundland & Labrador Pharmacy Board

Suite 201 – 145 Kelsey Drive  
St. John's, NL, A1B 0L2  
Website [www.nlpb.ca](http://www.nlpb.ca)

Telephone (709) 753-5877 or 1-877-453-5877 (toll free)  
Fax (709) 753-8615  
e-mail [licensing@nlpb.ca](mailto:licensing@nlpb.ca)

## 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) \_\_\_\_\_