



Newfoundland & Labrador Pharmacy Board

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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. I understand this application will not be processed and approved until the fee is received by the NLPB office.

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)