



# Newfoundland & Labrador Pharmacy Board

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## Application for Relocation of an Existing Pharmacy (In accordance with the NLPB Requirements When Relocating a Pharmacy)

### Current Pharmacy Information:

Pharmacy Name	Pharmacy Licence Number
Name of Pharmacist-in-Charge	Pharmacist-in-Charge Registration Number
Email Address	Phone Number

### 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 Assessment Date

### Additional Details:

Please provide additional details about the construction of the premises to support the floor plan, including description of fixtures, plans for security systems, materials used in flooring, counter tops, etc.

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### By signing below, I certify that:

- The information provided on this application is correct and, as such, I 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 application.
- This pharmacy relocation is not in relation to a change in ownership or a change in pharmacy name.
- I have attached full details about the relocation, including a detailed diagram of the new layout of the pharmacy that meets *NLPB's Floor Plan Requirements*.
- I have included payment information for the appropriate fee, as indicated in the *NLPB Schedule of Fees*.

Pharmacist-in-Charge Signature	Date Signed
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Fee Paid By:  Cheque or Money Order       VISA       Mastercard

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

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