



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.

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 _____

Fee Paid By: Cheque or Money Order VISA Mastercard

Please Print Full Name on Card: _____

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