Newfoundland & Labrador Pharmacy Board

Suite 201 – 145 Kelsey Drive
St. John's, NL, A1B 0L2
Website www.nlpb.ca
Telephone (709) 753-5877 or 1-877-453-5877 (toll free)
Fax (709) 753-8615
e-mail inforx@nlpb.ca

Application for Renovation of an Existing Pharmacy / Dispensary

(In accordance with the NLPB Requirements When Renovating an Existing Pharmacy/Dispensary)

Pharmacy Information:

Pharmacy Name _____ Pharmacy Licence Number _____

Name of Pharmacist-in-Charge _____ Pharmacist-in-Charge Registration Number _____

Email Address _____ Phone Number _____

Anticipated Renovation Start 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, 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 application.
- This pharmacy renovation is not in relation to a change in ownership or a change in pharmacy name.
- I have attached full details about the renovation, 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) _____