

Preliminary Information for a Licence to Operate Pharmacy



The information requested on this page will help the Licensing Authority process your licence application more efficiently. The Licensing Authority will contact you if there are any questions arising from your application. The questions in the following Application Form 1A are mandatory and are subject to a statutory declaration.

PHARMACY TRADING NAME	Trading name <input type="text"/>
COMPANY DOCUMENTS	If you have any company documents that may affect the effective control of the pharmacy by the majority shareholding pharmacists (e.g. shareholders or managerial agreements), please include these with your application.
CONTACT DETAILS	Contact person <input type="text"/> Telephone number (day) <input type="text"/> Mobile <input type="text"/>
PHARMACY DETAILS	Pharmacy telephone number <input type="text"/> fax number <input type="text"/> e-mail address <input type="text"/> The pharmacy is situated in the <input type="text"/> District Health Board area. If the trading name of the pharmacy has changed in the last 12 months, please supply the previous trading name and/or current licence number: <input type="text"/>
FOR NEW PHARMACIES AND CHANGE OF OWNERSHIP ONLY	New pharmacies It is recommended that you apply for a licence as soon as possible and state the date the licence is required to allow 3 - 5 working days before the actual opening for delivery of medicines stock. Purchase of existing pharmacies The date the licence is required is the settlement date. Date of opening, relocation, amalgamation etc of pharmacy <input type="text"/> Date licence required <input type="text"/>

CHECKLIST FOR A LICENCE TO OPERATE A PHARMACY

Application form:

- ☐ All sections of the application form are completed
- ☐ Application form signed by Justice of Peace (or by someone authorised to take statutory declarations)
- ☐ Application form signed by applicant (during the declaration)
- ☐ Preliminary Information Sheet
- ☐ Pharmacy site plans (if applicable)
- ☐ Pharmacy protocols (if referred to in application form)

The application fee for a Licence to Operate a Pharmacy is \$1,097.00 (inclusive of GST). On receipt of your application an invoice will be generated and sent to you for payment. Please note the fee is non refundable.

Application for a Licence to Operate Pharmacy

made (by employee or agent) on behalf of company

FORM 1A

IMPORTANT INFORMATION

This form may be used by an employee or agent who is making an application on behalf of a company. You must make yourself familiar with the provisions of the Medicines Act 1981 and the Medicines Regulations 1984, in particular those provisions relating to licensing and operating pharmacies.

The following comprise the application and all must be submitted together to complete the application:

- The prescribed fee
- This application form
- A completed statutory declaration.

It is an offence to make a false statutory declaration. The Licensing Authority may require you to supply additional information at a later date (see section 55B of the Medicines Act 1981). If you do not supply that information within 30 days of the request, this application will lapse.

PLEASE NOTE WHEN FILLING OUT THIS FORM:

- All sections of this form must be complete in order for your application to be considered.
- Ensure that you verify that all company details on the application are the same as the details registered on the New Zealand Companies Office website.

Send the completed application form and fee to:

Licensing Authority
Medicines Control
Ministry of Health
P O Box 5013
Wellington 6145

YOUR LICENCE WILL BE SENT TO YOUR PHARMACY ADDRESS ONCE ISSUED

1-3. Applicant	Surname or family name of applicant
	<input type="text"/>
	First name(s) of applicant
	<input type="text"/>
	Position in company (i.e. Company Director, Shareholder)
	<input type="text"/>
4. Name of Company	Full name of company for which this application for a licence to operate pharmacy is being made on behalf of
Please ensure that you check your company details on the New Zealand Companies Office website as this information should be the same as the Companies Office records.	<input type="text"/>
5. Address of Company	Street number, street name, suburb, town/city, and postcode.
This information should be the same as on the New Zealand Companies Office register.	Street number and name <input type="text"/>
	Suburb <input type="text"/>
	Town/City <input type="text"/>
	Postcode <input type="text"/>

[illegible]

11. Pharmacy Description	The pharmacy will comprise the following part or parts of that address. Specify the part or parts of the address that are to be the pharmacy or attach a line drawing showing the part or parts.			
	<div> <input type="checkbox"/> Occupies all of this address, or </div> <div> <input type="checkbox"/> Shop number <input type="text"/> at this address, or </div> <div> <input type="checkbox"/> Occupies <input type="text"/> square metres on the <input type="text"/> <input type="text"/> of the building, or </div> <div> <input type="checkbox"/> As described below (include diagrams if necessary) </div> <div style="border: 1px solid black; height: 60px; margin-top: 10px;"></div>			
12. Interests Held in Pharmacy	List all shareholders in the company, their address, the number of shares they hold, and the rights attached to each share if applicable. Please ensure that you check your company details on the New Zealand Companies Office website, as this information should be the same as the Companies Office records.			
<i>Note: Before filling out this part of the form please read section 5A of the Medicines Act 1981, which sets out the meaning of holding an interest in a pharmacy.</i>	Name of person or company	Address	Number of shares	Voting rights? Yes No
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
Other Interests Held by Shareholders	Do any of the above shareholders hold more than 50% shares in any other pharmacy not indicated in question 9? If so, please list details below.			
Name of Pharmacy	Name of Shareholder	Interest held (%)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

13. Interest Held by Prescriber	<p>The following person(s) hold an interest in the pharmacy to which this application relates and is a (or are) practitioner(s) or registered midwife(s) or designated prescriber(s).</p> <p>The following positions could be considered as holding an interest:</p> <ul style="list-style-type: none"> • Shareholder • Company Director • Trustee • A lessor with a lease agreement with the pharmacy that contains any percentage payment requirement by the pharmacy <p><input type="checkbox"/> Not applicable, go to question 14.</p> <p><input type="checkbox"/> Yes, provide details below</p> <table border="1"> <thead> <tr> <th>Name of interest holder</th><th>Type of prescriber</th><th>Type of interest held</th></tr> </thead> <tbody> <tr> <td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td></tr> </tbody> </table>	Name of interest holder	Type of prescriber	Type of interest held									
Name of interest holder	Type of prescriber	Type of interest held											
14. Mortgagee in Possession <i>For the purposes of this application a mortgagee in possession has the same meaning as in section 2 of the Property Law Act 2007.</i>	<p><i>This section is not asking whether you have a mortgage. This section only applies if you as a mortgagor have defaulted on a mortgage and the mortgagee has entered into and is in possession of the mortgaged property being the pharmacy.</i></p> <p>Is the company a mortgagee in possession of the pharmacy to which this application relates?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>												
15. Eligibility to Hold Licence <i>In this context, a pharmacist -</i> <i>(a) Means a health practitioner who is, or is deemed to be registered with the Pharmacy Council established by the Health Practitioners Competence Assurance Act 2003 as a practitioner of the profession of pharmacy;</i> <i>(b) An administrator of the estate of a deceased pharmacist,</i> <i>(c) An assignee within the meaning of the Insolvency Act 1967, carrying on a pharmacy in his or her capacity as assignee of the estate of a pharmacist, until -</i> <i>(d) A liquidator carrying on a pharmacy under the authority of section 260 and schedule 6 of the Companies Act 1993</i> <i>(e) A receiver or manager of the property of a company carrying on, subject to the Receiverships Act 1993, a pharmacy comprised in that property.</i> <i>(i) The expiry of the period of 1 year after the date of the death of the deceased pharmacist, or the date on which the pharmacist was adjudicated bankrupt;</i> <i>(ii) Or subject to any conditions that the licensing authority proposes, the extended period or periods permitted by the licensing authority.</i>	<p>The company is eligible to hold a licence because</p> <p><input type="checkbox"/> The share capital of the company is more than 50% owned by and effective control is vested in the following pharmacist(s) (specify details below):</p> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> <p><input type="checkbox"/> This application relates to a pharmacy in a hospital owned or operated by the company : (specify details below):</p> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> <p><input type="checkbox"/> There are other grounds in section 55D(2) of the Medicines Act 1981 that makes the company eligible to hold a licence (specify details below):</p> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>												

16. Practices and Procedures

Please refer to the guidance notes for information

Practices and procedures will be in place to ensure that any pharmacist who is employed or engaged in duties in the pharmacy to which this application relates is not requested or required to act in a way that is inconsistent with the applicable professional or ethical standards of the pharmacy practice.

Specify relevant practices and procedures (in the box below) OR

Do you agree that the following statement accurately reflects the practices and procedures in place within your pharmacy?

"The practices and procedures of the pharmacy state that the pharmacists employed by the company will be expected to operate within the profession's standards of pharmacy practice, the profession's Code of Ethics, the Health Information Privacy Code and all other applicable legislation, codes and guidelines."

☐ Yes - go to next section

☐ Yes - and I have further practices and procedures specified below

☐ No - please specify your practices and procedures below

The following practices and procedures will be in place to ensure that any pharmacist who is employed or engaged in duties in the pharmacy to which this application relates is not requested or required to act in a way that is inconsistent with the applicable professional or ethical standards of the pharmacy practice (specify relevant practices and procedures).

Declaration

This section must be completed by handwriting in pen.

I, (full name of agent or employee of the company) _____

of (place) _____

(occupation) _____

solemnly and sincerely declare that the statements made in the above application are true and correct.

I make this solemn declaration conscientiously, believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Declared at _____ this _____ day of _____ 20____

Signature of applicant.

Before me

Justice of the Peace (or another person authorised to take a statutory declaration under Section 9 of the Oaths and Declarations Act 1957

Print name

Stamp if applicable