

# 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.

<b>PHARMACY TRADING NAME</b>	Trading name <input type="text"/>
<b>COMPANY DOCUMENTS</b>	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.
<b>CONTACT DETAILS</b>	Contact person <input type="text"/>
	Telephone number (day) <input type="text"/>
	Mobile <input type="text"/>
<b>PHARMACY DETAILS</b>	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"/>
<b>FOR NEW PHARMACIES AND CHANGE OF OWNERSHIP ONLY</b>	<p><b>New pharmacies</b> 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.</p> <p><b>Purchase of existing pharmacies</b> The date the licence is required is the settlement date.</p> <p>Date of opening, relocation, amalgamation etc of pharmacy <input type="text"/></p> <p>Date licence required <input type="text"/></p>

## 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
- Prescribed fee of \$1052.89 attached or direct payment made
- Pharmacy site plans (if applicable)
- Pharmacy protocols (if referred to in application form)

The fee for a Licence to Operate a Pharmacy is \$1052.89 (inclusive of GST). This must accompany the completed application form or a direct payment made to the Ministry of Health's bank account: 03 0049 0001805 00. Please note the fee is non refundable.

# Application for a Licence to Operate Pharmacy

made by an individual, or employee or agent of body corporate (other than a company).

## FORM 1B

### IMPORTANT INFORMATION

This form may be used by an individual who is applying for a licence to operate a pharmacy; or an employee or agent of a body corporate (other than a company) who is applying for a licence to operate a pharmacy on behalf of that body corporate (for example, an application made on behalf of a partnership or friendly society).

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 **must** accompany this application:

- the prescribed fee
- 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.

**Note: All sections of the application must be completed for your application to be considered.**

**Send the completed application form to: Licensing Authority  
Pharmacy Licensing  
PO Box 5013  
Wellington**

### Applicant

1. Surname or Family name of applicant

\_\_\_\_\_

2. First name(s) of applicant

\_\_\_\_\_

3. Date of birth    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. Office held within the body corporate named in question 5

\_\_\_\_\_

### Applicant or Body Corporate

*A body corporate includes:*

- *United Friendly Society*
- *District Health Board*
- *a Partnership*

5. I apply for a licence to operate pharmacy:

- on my own behalf - go to question 7
- on behalf of the body corporate called: \_\_\_\_\_

\_\_\_\_\_

6. The above named is not a company, but is a (specify the type of body corporate):

\_\_\_\_\_

**Address details of applicant or body corporate**

7. Give street number, street name, suburb, town/city, and postcode if known

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of incorporation**

*For Body Corporate applicants only*

8. Please state the date the body corporate was incorporated in New Zealand

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Board of directors, trustees and partners**

*For Body Corporate applicants only*

9. Full names of the board of directors, trustees or partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Responsible persons**

*A responsible person includes:*

- *pharmacist(s) who own the majority share capital of the pharmacy*
- *pharmacist(s) who are permanent managers*
- *pharmacist(s) who manage the dispensary*
- *non- pharmacist(s) who hold a managerial overview and responsibility*

10. The following persons are nominated to be responsible persons for the purpose of the licence under the Medicines Act 1981.

Full name, date of birth and position must be given for each person.

**NOTE:** *If pharmacist(s) own more than one (1) pharmacy they must nominate a pharmacist who is in-charge of the day-to-day running of each pharmacy as well as themselves.*

Full name	Date of birth	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Street address of pharmacy**

*The street address of the pharmacy this application relates to*

11. Give street number, street name, suburb, town/city, and postcode if known

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Eligibility to hold a licence

*In this context, a pharmacist -*

**(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;*

*and includes the following persons:*

**(b)** *an administrator of the estate of a deceased pharmacist,*

**(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 -*

**(d)** *a liquidator carrying on a pharmacy under the authority of section 260 and schedule 6 of the Companies Act 1993*

**(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)** *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:*

**(ii)** *or subject to any conditions that the licensing authority proposes, the extended period or periods permitted by the licensing authority.*

15a. Does this application relate to an individual within the body corporate who has the majority interest and is a pharmacist who is making this application on his/her own behalf?

No - go to question 15b

Yes - please specify details below

Name of person in body corporate who has the majority interest

---

**OR**

15b. The body corporate, or applicant is a pharmacist because (*specify part of the definition of **pharmacist** in section 55E(3) if the Medicines Act 1981 applies*).

No - go to question 15c

Yes - please specify details below

---

---

---

---

---

**OR**

15c. Does this application relate to a hospital owned or operated by the applicant or body corporate?

No - go to question 15d

Yes - please specify details below

---

---

---

---

**OR**

15d. Are there any other grounds in section 55E(1) of the Medicines Act 1981 that makes the applicant or body corporate eligible to hold a licence?

No - go to question 16

Yes - please specify details below

---

---

---

---

---

---



## Declaration

---

I, *[full name of agent or employee of the body corporate]* \_\_\_\_\_

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 \_\_\_\_\_,

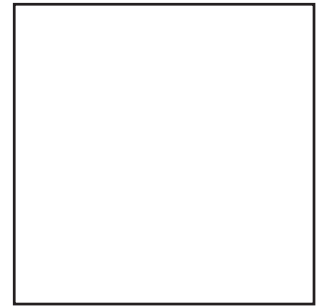
\_\_\_\_\_

Signature of applicant.

before me:

\_\_\_\_\_

Justice of the Peace (or other person authorised to take a statutory declaration).



Stamp if applicable