



College of Pharmacists
of British Columbia

APPLICATION FOR NEW PHARMACY LICENCE

Community

Form 1A
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1. PHARMACY INFORMATION

Proposed Operating Name	Proposed Name on External Signage	Proposed Licensure Date	
		MMM	DD YYYY
Pharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number (if known)	Fax Number (if known)	
Website	Manager Name (if known)	Manager's Registration Number (BC)	

2. DIRECT OWNER INFORMATION

Type of Ownership

Corporation: Non-Publicly Traded Publicly Traded

"Name of Company" on BC incorporation documents: _____

BC Incorporation Number: _____ Incorporation Date: _____

Sole Proprietorship (Single pharmacist, unincorporated)

Pharmacist's legal name: (First name) _____ (Last name) _____ Registration number (BC): _____

Registered business name (if applicable): _____

Partnership of Pharmacists (≥2 pharmacists, unincorporated): Total number of partners: _____

Each pharmacist's full legal name and registration number (BC): _____

Registered business name (if applicable): _____

Other – Specify: _____

[?] Click on the link for more information

3. PRIMARY CONTACT PERSON

Name	Position/Title	
Email Address	Phone Number	Fax Number

4. APPLICANT (DIRECT OWNER) INFORMATION

Name of Authorized Representative	Position/Title of Authorized Representative	
Email Address	Phone Number	Fax Number
Signature	Date	
	MMM	DD YYYY

The College collects the personal information on this application form to process the application and administer the College's related activities. The collection is authorized by the Pharmacy Operations and Drug Scheduling Act, Health Professions Act, and Freedom of Information and Protection of Privacy Act. Should you have any questions about the collection, please contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or privacy@bcpharmacists.org



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5. PAYMENT INFORMATION

Proposed Operating Name

(Auto-populate)

Method of Payment: Cheque/Money order (*payable to College of Pharmacists of BC*) VISA MasterCard

Card Number

Expiry Date (MM/YY)

Application fee \$ 750.00

GST \$ 37.50

Total \$ 787.50

Cardholder Name

GST # R106953920

Cardholder Signature

Note that the application fee does not include the annual licence fee. Payment information will be collected in phase 2 (pre-opening) of the new pharmacy licence application process. The annual licence fee will be charged upon issuance of the pharmacy licence.

For office use ONLY

iMIS ID: _____ Finance stamp: _____

Lic initials: _____

Date to Finance: _____