



**1. PHARMACY INFORMATION**

<b>Proposed Operating Name</b>	<b>Store #/Identifier (if applicable)</b>	<b>Proposed Licensure Date</b> MMM   DD   YYYY	
<b>Pharmacy Address</b>	<b>City</b>	<b>Province</b> BC	<b>Postal Code</b>
<b>Mailing Address (if different from above)</b>	<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Email Address</b>	<b>Phone Number</b>	<b>Fax Number</b>	
<b>Website</b>		<b>Software Vendor (for dispensing)</b>	
<b>Manager Name</b>		<b>Registration Number (BC)</b>	

**2. OWNERSHIP INFORMATION**

**Type of Ownership**

*Sole Proprietorship (Single pharmacist, unincorporated)* –

a) Pharmacist’s legal name: (First name) \_\_\_\_\_ (Last name) \_\_\_\_\_ Registration number (BC): \_\_\_\_\_

b) Registered business name (if applicable): \_\_\_\_\_

*Partnership of Pharmacists (≥2 pharmacists, unincorporated)* – Total number of partners: \_\_\_\_\_

a) Each pharmacist’s full legal name and registration number (BC): \_\_\_\_\_

b) Registered business name (if applicable): \_\_\_\_\_

*Corporation* – BC Incorporation Number: \_\_\_\_\_ Incorporation Date: \_\_\_\_\_

“Name of Company” on *Notice of Articles/BC Company Summary*: \_\_\_\_\_

a) Is your corporation publicly traded or not? Select one below:

Publicly Traded – Total number of:  Directors: \_\_\_\_\_  Officers: \_\_\_\_\_

Not Publicly Traded – Total number of:  Directors: \_\_\_\_\_  Officers: \_\_\_\_\_  Shareholders: \_\_\_\_\_

b) Is the corporation named above a **subsidiary corporation**?  Yes – complete (c) below  No – go to section 3

c) Is the parent corporation **publicly traded**?  Yes – go to section 3  No – complete (d) below

d) Parent corporation - Incorporation Number: \_\_\_\_\_ Incorporation Date: \_\_\_\_\_

Name of company/corporation as provided in incorporation document(s): \_\_\_\_\_

Total number of:  Directors: \_\_\_\_\_  Officers: \_\_\_\_\_  Shareholders: \_\_\_\_\_

*Health Authority/Organization* – Select one:  FHA  IHA  NHA  VCH  VIHA  PHSA  FNHA  PHC

*Other* – Specify: \_\_\_\_\_



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## 3. PRIMARY CONTACT PERSON

<b>Name</b>	<b>Position/Title</b>	
<b>Email Address</b>	<b>Phone Number</b>	<b>Fax Number</b>

## 4. APPLICANT (DIRECT OWNER) INFORMATION

<b>Mailing Address of Direct Owner</b> <input type="checkbox"/> Check this box if lawyer/accountant's address	<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Email Address</b>	<b>Phone Number</b>	<b>Fax Number</b>	
<b>Name of Authorized Representative</b>	<b>Position/Title of Authorized Representative</b>		
<b>Signature</b>	<b>Sign Date</b>		
	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](mailto:privacy@bcpharmacists.org)



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## 5. PAYMENT INFORMATION

**Proposed Operating Name and Store #/Identifier (if applicable)**  
(Auto-populate)

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

<b>Card Number</b>	<b>Expiry Date (MM/YY)</b>	Application fee	\$550.00
		Initial licence fee	\$2299.00
<b>Cardholder Name</b>		GST	\$142.45
		<b>Total</b>	<b>\$2991.45</b>
<b>Cardholder Signature</b>		GST #	R106953920

**For office use ONLY**

iMIS ID: \_\_\_\_\_ Finance stamp: \_\_\_\_\_

Lic initials: \_\_\_\_\_

Date to Finance: \_\_\_\_\_