



# APPLICATION FOR NEW PHARMACY

Form 1C

Education Site

## APPLICANT INFORMATION

- Corporation  Sole proprietor / Partnership

Cert. of Incorporation # \_\_\_\_\_ Incorporation Date \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Postal code \_\_\_\_\_

## PROPOSED PHARMACY INFORMATION

Institution name \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Manager \_\_\_\_\_

Postal code \_\_\_\_\_

Contact + \_\_\_\_\_

Opening date \_\_\_\_\_ Tel + \_\_\_\_\_

Fax + \_\_\_\_\_

\* Only if manager not available before opening

## PAYMENT OPTION

- Cheque/Money order (payable to College of Pharmacists of BC)

- VISA  MasterCard

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Application Fee	561.00
Initial License Fee	371.00
HST	<del>568.00</del>
<b>Total</b>	<b><u>\$940.80</u></b>

HST # R106953920

I attest that:

- The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position (Owner/Director)

\_\_\_\_\_  
Date