



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 OWNER¹ INFORMATION

Type of Ownership

- Corporation*: Non-Publicly Traded OR 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*: _____

¹ 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 personal information on this application form to process the application and administer the College's related activities. The collection of this information is authorized under section 26(c) of the *Freedom of Information and Protection of Privacy Act* (the Act). The College is authorized to use this information as per section 32(a) of the Act and may also disclose information in other circumstances when authorized by the Act or other legislation. Further information regarding the collection, use and disclosure of personal information can be found in the privacy policy posted on the College website: <https://www.bcparmacists.org/privacy>. Should you have any questions about the collection, use or disclosure of this information, please contact our Privacy Officer at: privacy@bcpharmacists.org or 778-330-0969.



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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	\$ 791.00
GST	\$ 39.55
Total	\$ 830.55

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.

All fees are non-refundable.

For office use ONLY

iMIS ID: _____ Finance stamp: _____

Lic initials: _____

Date to Finance: _____