



1. PHARMACY INFORMATION

Proposed Operating Name	Proposed External Signage Name	Proposed Licensure Date	
		MMM	DD
		YYY	
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 **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: _____

[?] Click on the link for more information

3. PRIMARY CONTACT PERSON INFORMATION

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.bcpharmacists.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 604-733-2440.



5. PAYMENT INFORMATION

Proposed Operating Name (Auto-populate)										
Method of Payment* <input type="checkbox"/> Cheque/Money order (payable to College of Pharmacists of BC) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard										
Card Number	Expiry Date (MM/YY)	<table> <tr> <td>Application fee</td> <td>\$ 829.00</td> </tr> <tr> <td>GST</td> <td>\$ 41.45</td> </tr> <tr> <td>Total</td> <td>\$ 870.45</td> </tr> <tr> <td>GST #</td> <td>R106953920</td> </tr> </table>	Application fee	\$ 829.00	GST	\$ 41.45	Total	\$ 870.45	GST #	R106953920
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GST	\$ 41.45									
Total	\$ 870.45									
GST #	R106953920									
Cardholder Name										
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.

*Acceptable methods of payment are Visa or Mastercard credit cards (Visa or Mastercard debit cards and prepaid credit cards are not accepted)

All fees are non-refundable.

<p><u>For office use ONLY</u></p> <p>iMIS ID: _____ Finance stamp: _____</p> <p>Lic initials: _____</p> <p>Date to Finance: _____</p>
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