

**PRINCE EDWARD ISLAND PHARMACY BOARD  
 COMMUNITY PHARMACY PERMIT RENEWAL APPLICATION  
 DUE MARCH 31<sup>st</sup> Annually**

<b>Box A: Contact / Ownership Information</b>			
<b>Please print clearly</b>			
Date			
Pharmacy Name (Listed Name)	PEIPB Permit #	Class	
Street Address			
City	Province	Country	Postal Code
Phone No.	Fax No.		
Pharmacy E-mail Address			
Pharmacy Staff		TECHNICIANS	
PHARMACISTS			
Pharmacist-in-Charge			
Pharmacy Owner (Either Individual or Corporation Name)			
Pharmacy Owner Street Address			
City	Province	Country	Postal Code
Directors and Officers (If Owner is a Corporation)			

<b>Box B: Renewal Fees</b>
The annual license renewal fee for Class I (Community Pharmacy) = <b>\$1000</b> _____

<b>Box C: Declaration / Signatures</b>								
We certify the above information is true and correct. We understand that as the Pharmacist-in-Charge and/or Owner of the above named pharmacy we are responsible for the due compliance with all provisions of the Pharmacy Act and Regulations and liable for any noncompliance therewith.								
<table border="0"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Signature of Pharmacist-in-Charge</td> <td>Date</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Signature of Pharmacy Owner</td> <td>Date</td> </tr> </table>	_____	_____	Signature of Pharmacist-in-Charge	Date	_____	_____	Signature of Pharmacy Owner	Date
_____	_____							
Signature of Pharmacist-in-Charge	Date							
_____	_____							
Signature of Pharmacy Owner	Date							

(CHEQUES MAY BE POST-DATED TO MARCH 31)