# PRINCE EDWARD ISLAND PHARMACY BOARD
## HOSPITAL PHARMACY PERMIT AND PROVINCIAL PHARMACY PERMIT RENEWAL
## APPLICATION APRIL 1, 2011 thru MARCH 31, 2012

**Box A: Contact / Ownership Information**
**Please print clearly**

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

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)

**Box B: Renewal Fees**

The annual license renewal fee for Class II(large hospital) = **$300**_____ Class III (small hospital) = **$150**_____ Class V (Provincial) = **$600**_____

**Box C: Declaration / Signatures**

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.

_____ _____
Signature of Pharmacist-in-Charge | Date

_____ _____
Signature of Pharmacy Owner | Date

DEADLINE FOR SUBMISSION OF RENEWAL APPLICATION AND FEE IS MARCH 31. (CHEQUES MAY BE POST-DATED TO MARCH 31)