

**PRINCE EDWARD ISLAND PHARMACY BOARD
 COMMUNITY PHARMACY PERMIT APPLICATION
 PERMITS EXPIRE MARCH 31 ANNUALLY**

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: Initial Fees
The annual license fee for Class I (Community Pharmacy) = \$1000 _____ Plus Inspection Fee = \$100 _____

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.								
<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							

DATE OF EXPECTED OPENING _____

DATE AVAILABLE FOR INSPECTION _____