



The Manitoba Pharmaceutical Association

200 TACHE AVENUE, WINNIPEG, MANITOBA R2H 1A7
Phone: (204) 233-1411 Fax: (204)237-3468 E-mail: info@mpha.mb.ca

2010 APPLICATION FOR PHARMACY LICENCE FOR A NEW PHARMACY

I,(We) _____ (Name of Pharmacy Licence Holder) hereby make application for a Pharmacy Licence to conduct a pharmacy under the provisions of The Pharmaceutical Act of the Province of Manitoba **until the 31st day of December, 2010.**

The Pharmacy Licence Holder is a: _____ (select one of :Sole Proprietor, Partnership, Corporation or Hospital)

PHARMACY BUSINESS NAME _____

PHARMACY ADDRESS: _____

(It is essential that the premises be properly described by _____ (Street Address, Lot, Block, Plan No. City Province Postal Code) giving the street number or the legal description of the pharmacy)

TELEPHONE #1: _____ TELEPHONE #2: _____

FAX NUMBER(S): _____ TOBACCO SALES: Yes or No

BUSINESS NO. (9 digits): _____

PRIMARY E-MAIL ADDRESS: _____

*Additional E-Mail Addresses: _____

PRIMARY WEBSITE: _____

*Additional Websites: _____

* If more space is needed, please attach a listing to the application

BUSINESS HRS. OF OPERATION: _____

EXPECTED DATE OF OPENING: _____
(MUST BE NO LESS THAN 30 DAYS FOLLOWING THE DATE OF APPLICATION)

Does this pharmacy conduct business as an International Prescription (IPS) Pharmacy? Yes or No

Please be advised for those pharmacies that apply for an International Prescription Service (IPS) component of the Pharmacy licence, the 2010 Pharmacy licence will be issued with the condition the pharmacies include the Council approved disclaimer that will advise their clients, and potential clients, the licensing authority in Manitoba has some limitations regarding the enforcement of the public protection provisions of the provincial legislation for clients outside of Canada. The IPS component of the Pharmacy licence is defined as, "A pharmacy that fills prescriptions for patients who have not physically attended the pharmacy to receive their medication due to their residence and citizenship being outside Canada." (An IPS component may not be needed for a pharmacy located near the American border where the patient physically enters into Canada to receive their medical care in Manitoba.)

PHARMACY MANAGER: (please print) _____

REGISTERED, LICENCED PHARMACISTS

PHARMACY STUDENTS

The above pharmacy will be conducted in accordance with The Pharmaceutical Act, The Code of Ethics, Regulations, Standards of Practice, the Bylaws of The Manitoba Pharmaceutical Association and the provisions of and regulations made under the Food and Drugs Act and Controlled Drugs and Substances Act of Canada.

X
Signature of Pharmacy Manager

X
Signature of Chief Executive Officer or Pharmacy Owner

Date:

| |
|---------------------------------------------------------------------------------------|
| For Office Use Only: Licence #: _____ Code: _____ Approved By: _____ |
|---------------------------------------------------------------------------------------|

If licensing between JAN 1 – JUNE 30/10

| | |
|-----------------------|-------------------|
| Pharmacy Licence fee: | IPS Pharmacy Fee: |
| \$ 892.50 | Pharmacy \$892.50 |
| G.S.T. \$ 44.63 | IPS \$8,240.00 |
| \$ 937.13 | GST \$456.63 |
| GST No. R107660664 | \$ 9,589.13 |

PAYMENT MUST ACCOMPANY APPLICATION ... ALL FEES ARE NON-REFUNDABLE

- Cheque: (Payable to the Manitoba Pharmaceutical Association)
- Interac: (Payment made at the MPhA Office)

If licensing between JULY 1 – DEC 31/10

| | |
|-----------------------|--------------------|
| Pharmacy Licence fee: | IPS Pharmacy Fee: |
| \$ 535.50 | Pharmacy \$535.50 |
| G.S.T. \$ 26.78 | IPS Fee \$4,944.00 |
| \$ 562.28 | G.S.T. \$273.98 |
| | \$5,753.48 |

- Visa or MasterCard Number: _____ / _____ / _____ / _____
Expiry Date: _____
Name of Cardholder: _____
Signature of Cardholder: _____

THE BACK OF THE APPLICATION MUST ALSO BE COMPLETED

FOR NEW PHARMACY APPLICANTS ONLY

SECTION 1 – Must be Completed by CORPORATIONS

(Partnerships and Sole Proprietorships, please see Section 2 below. Hospitals please see Section 3 below.)

1. A copy of the Articles of Incorporation (or equivalent, if an extra-provincial corporation) for the applicant, and any amendments thereto;
2. Where the applicant is an extra-provincial corporation, a copy of the Application for Registration and Certificate of Registration showing the applicant to be registered to conduct business in Manitoba; and
3. Where the applicant intends to conduct business under a name other than its own name, a copy of the Business Name Registration, or a search (uncertified) or Certificate of Search (under *The Business Names Registration Act*) for each business name confirming registration.

IDENTIFY BY NAME(S) AND ADDRESS(ES), THE LEGAL AND BENEFICIAL OWNERSHIP OF THE SHARES IN THE CORPORATION ***

*** If any of the Shareholders of the applicant are corporations, then also provide all of the information above for any such corporate Shareholders.*

Where any person is listed as an owner, or director or legal or beneficial owner of shares of the corporation applying for the licence has an interest in any other pharmacy in Canada, disclosure of the name(s) and address(es) of such pharmacy or pharmacies *

SECTION 2 - PARTNERSHIPS AND SOLE PROPRIETORSHIPS

Where the applicant intends to conduct business under a name **other than** its own name, a copy of the Business Name Registration, or a search (uncertified) or Certificate of Search (under *The Business Names Registration Act*) for each business name confirming registration.

IDENTIFY BY NAMES AND ADDRESSES ALL OF THE PARTNERS* OF THE PARTNERSHIP*:**

**** For Partnerships, if any of the Partners are corporations, all the information above regarding Corporations must also be provided for any such corporate Partners.*

Where any person is listed as an owner, or director or legal or beneficial owner of shares of the corporation applying for the licence has an interest in any other pharmacy in Canada, disclosure of the name(s) and address(es) of such pharmacy or pharmacies *

SECTION 3 – HOSPITALS: NAME AND ADDRESS OF OFFICERS AND DIRECTORS *

*** PLEASE ATTACH LISTS AS NECESSARY**

ALL NEW PHARMACIES MUST ATTACH A SITE PLAN SHOWING THE PHYSICAL LAY-OUT OF THE PHARMACY.