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PRINCE EDWARD ISLAND PHARMACY BOARD
COMMUNITY PHARMACY PERMIT RENEWAL APPLICATION

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
PHARMACISTS | TECHNICIANS

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 I (Community Pharmacy) = **$1000**_____

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

(CHEQUES MAY BE POST-DATED TO MARCH 31)