

# Application for Renewal of a Licence to Sell Substances Specified in Schedule 2 of the Poisons List from a Retail Shop

(Poisons and Therapeutic Goods Act 1966)



## SECTION A

Applicant details		
Full name of applicant:		
Business name of premises:		
Premises address:		
Suburb/Town:	State:	Postcode:
Postal address (if different from premises address):		
Suburb/Town:	State:	Postcode:
Phone:	Fax:	Email:

## SECTION B

Details of the nearest Pharmacy		
Pharmacy name (business name):		
Street Address:		
Suburb/Town:	State:	Postcode:
Distance from the nearest retail pharmacy: (It is a condition of this licence that the applicant's premises is situated at least 20 kms, measured along the shortest practicable route, from the premises of the nearest retail pharmacy.)	_____Kms	

## SECTION C

Declaration by applicant or agent on behalf of applicant	
If signing on behalf of the applicant please state in what capacity. I declare that the premises the subject of this application is at least 20 kilometres (measured along the shortest practicable route) from the premises of the nearest retail pharmacist. I declare that all the information I have given on this application form is true to the best of my knowledge and belief. I enclose the prescribed licence renewal application fee.	
Print Name:	Position:
Signature:	Date:

**Note:** Poisons Licences are not transferrable. If your business has been purchased from a person holding a licence to supply poisons, please state his or her name and the date of purchase.

Name:	Date of Purchase:
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The prescribed licence application fee to sell substances specified in schedule two of the poisons list is \$82 (payment can be made by EFT, see EFT form for details, or cheque made payable to NSW Ministry of Health).

Please return the completed form to the address as below. If paying by EFT on date of payment please send email as requested in the EFT form. Cheques should be included with the completed form.

**Regulation and Compliance Unit  
Legal and Regulatory Services  
NSW Ministry of Health  
Locked Mail Bag 961  
NORTH SYDNEY NSW 2059**