

## Application for Renewal of a Licence to Supply by Wholesale Drugs of Addiction

(Poisons and Therapeutic Goods Act 1966 and Poisons and Therapeutic Goods Regulation 2008)

### SECTION A

Applicant details		
Full name company or corporation:		
Business address:		
Suburb:	State:	Postcode:
Details of the contact person (contact person on behalf of the applicant and in what capacity)		
Full name:	Position:	
Postal address:		
Suburb:	State:	Postcode:
Phone:	Email:	

### SECTION B

Details of premises that will be used for supply by wholesale drugs of addiction		
Premises name (or trading name):		
Address:		
Suburb:	State:	Postcode:
1. Provide details of the uses to be made of the drugs of addiction.		

### 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 all the information I have given on this application form is true to the best of my knowledge and belief.	
I enclose the prescribed annual fee of \$325, \$73(public institution) or \$16 (charitable institution).	
Print Name:	Position:
Signature:	Date:

#### Payment Methods:

- Online using OneGov at [www.licence.nsw.gov.au](http://www.licence.nsw.gov.au)
- Cheque (made payable to NSW Ministry of Health)

Payment by Direct Deposit will not be accepted. Please return the completed form with cheque or OneGov receipt to [phcmb@doh.health.nsw.gov.au](mailto:phcmb@doh.health.nsw.gov.au) or to the address below.

**Regulation and Compliance Unit  
Legal and Regulatory Services  
NSW Ministry of Health  
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