

# Application for a Licence to Sell Substances Specified in Schedule Two of the Poisons List

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



## When to use this form

This form is for applicants (individuals or companies) who conduct, or propose to conduct a retail store and wish to supply Schedule 2 substances (e.g. paracetamol) from the store. If you wish to renew or amend an existing licence or apply for a licence to supply by wholesale poisons and or restricted substances for therapeutic use, you should use another form.

A licence of this type will only be granted where the Secretary, NSW Health is satisfied that the premises to which the application relates are at least 20 kilometres, measured along the shortest practicable route, from the premises of the nearest retail pharmacist.

## Approval process

The approval process will take up to four weeks from the date the NSW Ministry of Health receives the completed application. This includes the time taken for assessment, interviews and inspection if required. An application for a licence to sell substances specified in Schedule 2 of the poisons list from a retail shop can be refused if the Secretary, NSW Health is of the opinion that the applicant is not a fit and proper person to hold the licence or that the premises are not at least 20 kilometres, measured along the shortest practicable route, from the premises of the nearest retail pharmacist.

Where an applicant submits an incomplete application or is required to produce further documentation the approval process will be delayed. More information about the approval process including the timeframes for the different phases of the process is available on the website.

After submission of the completed form the applicant will be provided with a written acknowledgement of the application. The acknowledgement will include a request for omitted or incomplete documents if required. Once all documents have been received assessment of the application will take place and a recommendation will be made to either grant or refuse the application. If the recommendation approves granting the licence, the licence will be issued to the applicant. If the recommendation is to refuse the licence the reasons for the refusal will be provided to the applicant.

## Payment

The prescribed application fee (non-refundable) to sell substances specified in Schedule 2 of the poisons list from a retail shop is \$96.

Payment is to be made online at the NSW Ministry of Health payment portal at [www.health.nsw.gov.au/payments/Pages/default.aspx](http://www.health.nsw.gov.au/payments/Pages/default.aspx)

## Submitting the application

Please email the completed application form together with the required documents and a copy of the payment receipt to [MOH-PharmaceuticalLicensing@health.nsw.gov.au](mailto:MOH-PharmaceuticalLicensing@health.nsw.gov.au).

## Notes

- The application and documents submitted will not be accepted with electronic signatures.
- The applicant is required to retain the original documents.

# Application for a Licence to Sell Substances Specified in Schedule Two of the Poisons List

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



## SECTION A – Applicant details

Full name of applicant: \_\_\_\_\_

Business name of premises: \_\_\_\_\_

Premise address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Details of the contact person: \_\_\_\_\_

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_

Postal address (if different from premises address): \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION B – Details of the nearest Pharmacy

Pharmacy name (business name): \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Distance from the applicant premises (in kms): \_\_\_\_\_

(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 pharmacist)

# Application for a Licence to Sell Substances Specified in Schedule Two of the Poisons List

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



## 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 a copy of the payment receipt for the licence application fee.

**Privacy Statement:** I understand that NSW Health may provide any or all of the contents of this application and information provided with it, including personal information as defined in the *Privacy and Personal Information Protection Act 1988*, to law enforcement and regulatory agencies in the Commonwealth, States and Territories as necessary, in order to ensure compliance with all laws and regulations.

Print name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ **Print and Sign** Date: \_\_\_\_\_ (dd/mm/yyyy)

### Payment details:

Payment of the licence application fee to be made online at the NSW Ministry of Health payment portal [www.health.nsw.gov.au/payments/Pages/default.aspx](http://www.health.nsw.gov.au/payments/Pages/default.aspx).

### Submitting the application:

Please email the completed application form together with the required documents and a copy of the payment receipt to [MOH-PharmaceuticalLicensing@health.nsw.gov.au](mailto:MOH-PharmaceuticalLicensing@health.nsw.gov.au).