



Newfoundland & Labrador Pharmacy Board

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Application for Renovation of an Existing Pharmacy / Dispensary

(In accordance with the NLPB Requirements When Renovating an Existing Pharmacy/Dispensary)

Pharmacy Information:

Pharmacy Name _____ Pharmacy Licence Number _____

Name of Pharmacist-in-Charge _____ Pharmacist-in-Charge Registration Number _____

Email Address _____ Phone Number _____

Anticipated Renovation Start Date _____ Proposed Site Assessment Date _____

Additional Details:

Please provide additional details about the construction of the premises to support the floor plan, including description of fixtures, plans for security systems, materials used in flooring, counter tops, etc.

By signing below, I certify that:

- The information provided on this application is correct and, as such, make application to renovate the pharmacy, as indicated above, in accordance with the *NLPB Requirements When Renovating an Existing Pharmacy/Dispensary*. I understand that should any of this information change, I must complete and submit an updated application.
- This pharmacy renovation is not in relation to a change in ownership or a change in pharmacy name.
- I have attached full details about the renovation, including a detailed diagram of the new layout of the pharmacy that meets *NLPB's Floor Plan Requirements*.
- I have included payment information for the appropriate fee, as indicated in the *NLPB Schedule of Fees*.

Pharmacist-in-Charge Signature

Date Signed

Fee Paid By: Cheque or Money Order VISA Mastercard

Please Print Full Name on Card: _____

Card #

Expiry Date

CVV # (on back of card)