



## Application Form

### NEW PHARMACY

**Application fee: \$550.00 plus \$615.00 per financial interest**

#### INSTRUCTIONS

**When do I use this form?** This form is to be lodged with the Pharmacy Council of NSW (the Council) when establishing a new pharmacy. This application is for registration of the pharmacy premises and financial interests in the new pharmacy business.

**When do I need to lodge my application?** This application must be lodged with the Council at least 14 days before the intended opening date of the proposed new pharmacy. Fines apply for failure to notify the Council within the required timeframe.

**What does the application fee include?** The application fee is \$550 for the premises, plus \$615 to register each financial interest in the pharmacy business. Examples provided in 'The Guide' will assist in calculating the fee payable. There is no additional fee for inspection of the premises.

**Where can I get help in completing my application?** This application should be completed with reference to 'The Guide,' the *Health Practitioner Regulation National Law (NSW)* ('the Law') and the *Health Practitioner Regulation (NSW) Regulation 2010* ('the Regulation'). 'The Guide' is available on the Council's website under the 'Resources' tab at <https://www.pharmacycouncil.nsw.gov.au/>. The services of a lawyer, accountant or pharmacy broker may also assist.

**How long will it take to approve my application?** Only complete and compliant applications will be considered for approval. Please see section 10 'Consideration of application, approval and inspection by Council' for timeframes. Final approval of the premises is subject to a satisfactory inspection.

#### PHARMACY DETAILS TO BE REGISTERED

Pharmacy Name \_\_\_\_\_

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

\_\_\_\_\_ Postcode \_\_\_\_\_

Pharmacy Email \_\_\_\_\_ Tel \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

#### CONTACT FOR THIS APPLICATION

Name \_\_\_\_\_

Email \_\_\_\_\_ Tel \_\_\_\_\_

## 1. FINANCIAL INTERESTS TO BE REGISTERED

The Law permits an individual pharmacist to have a financial interest in up to **FIVE** pharmacies. A pharmacist may **NOT** enter into a business arrangement exercising control over a pharmacy, with a non-pharmacist or a company, other than a pharmacists' partnership, Pharmacists' Body Corporate or Friendly Society [See Guide Note 8 'Pre-existing Non-pharmacist Ownership Structures'].

### 1.1 Is the pharmacy to be owned by a:

- Sole pharmacist  (Complete 1.2)
- Partnership of pharmacists  (Complete 1.3)
- Pharmacists' Body Corporate  (Complete 1.4)
- Combination\*  (Complete 1.3 and/or 1.4 as applicable)
- Friendly Society  (Complete 1.5)

➤ *\*Document required: Summary of Ownership Structure is to be attached.*

### 1.2 Sole pharmacist

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Do you have an interest in other pharmacies in NSW? Yes   
No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

### 1.3 Partnership of pharmacists

\*If more than six pharmacists please attach a separate schedule.

Number of pharmacists in the partnership \_\_\_\_\_

➤ *Document required: Partnership Agreement is to be attached*

Pharmacist 1:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Do you have an interest in other pharmacies in NSW? Yes  (Complete details below)  
No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 2:  
 Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Do you have an interest in other pharmacies in NSW? Yes  (Complete details below)  
 No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 3:  
 Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Do you have an interest in other pharmacies in NSW? Yes  (Complete details below)  
 No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 4:  
 Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Do you have an interest in other pharmacies in NSW? Yes  (Complete details below)  
 No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 5:  
 Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Do you have an interest in other pharmacies in NSW? Yes  (Complete details below)  
 No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_  
 Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 6:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Do you have an interest in other pharmacies in NSW? Yes  (Complete details below)  
No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

#### 1.4 Pharmacists' Body Corporate/s

Note: If more than one Pharmacists' Body Corporate, please attach a separate schedule (1.4.2 to 1.4.9) for each.

1.4.1 Number of Pharmacists' Body Corporates\* \_\_\_\_\_

\* For the purposes of calculating the fee payable, the fee to register the financial interest of each Pharmacists' Body Corporate is \$615, which is in addition to the \$615 fee payable by each shareholder/director in the Pharmacists' Body Corporate.

1.4.2 Registered name of Pharmacists' Body Corporate \_\_\_\_\_  
\_\_\_\_\_

1.4.3 ACN \_\_\_\_\_

1.4.4 Total number of members (directors/shareholders)  
in the Pharmacists' Body Corporate \_\_\_\_\_

➤ *Documents required: ASIC Certificate of Registration, ASIC Company Extract, Company Constitution and Shareholder/s Agreement must be attached.*

1.4.5 Details of shareholders and/or directors of the Pharmacists' Body Corporate  
**All directors and shareholders are to complete details.**

Pharmacist 1:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_  
Director  Shareholder  (please tick)

Do you have an interest in other pharmacies in NSW? Yes  (Complete details below)  
No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 2:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_  
Director  Shareholder  (please tick)

Do you have an interest in other pharmacies in NSW? Yes  (Complete details below)  
No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 3:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_  
Director  Shareholder  (please tick)

Do you have an interest in other pharmacies in NSW? Yes  (Complete details below)  
No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 4:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_  
Director  Shareholder  (please tick)

Do you have an interest in other pharmacies in NSW? Yes  (Complete details below)  
No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 5:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_  
Director  Shareholder  (please tick)

Do you have an interest in other pharmacies in NSW? Yes  (Complete details below)  
No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacist 6:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_  
Director  Shareholder  (please tick)

Do you have an interest in other pharmacies in NSW? Yes  (Complete details below)  
No

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

Pharmacy Name \_\_\_\_\_ Registration No. PC \_\_\_\_\_

1.4.6 Does the Pharmacists' Body Corporate act as a trustee of any Trust?

Yes   
No  (Go to 2)

1.4.7 What is the name of the Trust?

\_\_\_\_\_

➤ *Document required: Trust Deed must be attached.*

1.4.8 Who are the beneficiaries/unit holders (if more than one trustee) of the Trust?  
(All must hold General Registration)

Pharmacist 1:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Pharmacist 2:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Pharmacist 3:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Pharmacist 4:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Pharmacist 5:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Pharmacist 6:  
Full Name \_\_\_\_\_ PHA \_\_\_\_\_

1.4.9 Trust Certification

The trust deed will be reviewed for compliance with the Law. If the trust is deemed non-compliant and a Trust Certification Checklist and Schedule of Amendments is required, you will incur a fee for the drafting of the Trust Certification Checklist and Schedule of Amendments. The fee will vary according to the complexity of the arrangements and the number of trusts involved and will be in the vicinity of \$2200.00 plus GST per trust deed. [See Guide Note 6 - Trusts]

I/we acknowledge that the Trust deed will be reviewed and may, if deemed non-compliant, require the drafting of the Trust Certification Checklist and Schedule of Amendments. Should this

occur, I/we undertake to meet the cost of the drafting of the Trust Certification Checklist and Schedule of Amendments on issue of an invoice from the Council.

\_\_\_\_\_  
Signed on behalf of the Pharmacists' Body Corporate

\_\_\_\_\_  
Please print full name

1.5 Friendly Society

[see Guide Note 8 - Non Pharmacist Ownership structures]

1.5.1 Name of Friendly Society \_\_\_\_\_

1.5.2 Has Ministerial approval been granted?

Yes

No \*

\*The Council cannot approve a pharmacy to be owned by a Friendly Society without prior Ministerial approval having been granted. It is the responsibility of the Friendly Society to apply for approval from the NSW Minister for Health.

➤ *Document required: Letter from the NSW Minister for Health granting approval.*

1.5.3 Pharmacist appointed to be responsible for compliance with display of owner's name and display of drug prices in accordance with the *Price Information Code of Practice*.

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

**2. ESTABLISHMENT DETAILS**

The Law and the Regulation allows the Council to access prescribed documentation related to the purchase of a pharmacy. In this section, applicants are required to disclose information detailing financial and other arrangements relevant to the conduct of the proposed pharmacy business.

2.1 Details of Finance: Borrowed Funds / Personal Contributions

[see Guide Note 9 'Financial Arrangements']

➤ *Document required: Any Loan/Finance Agreement/documentation must be attached.*

Pharmacist 1:

Personal Contribution\* \$ \_\_\_\_\_

Borrowed Funds\* \$ \_\_\_\_\_

Name of Finance Lender (if applicable) \_\_\_\_\_

Pharmacist 2:

Personal Contribution\* \$ \_\_\_\_\_

Borrowed Funds\* \$ \_\_\_\_\_

Name of Finance Lender (if applicable) \_\_\_\_\_

Pharmacist 3:  
Personal Contribution\* \$ \_\_\_\_\_

Borrowed Funds\* \$ \_\_\_\_\_

Name of Finance Lender (if applicable) \_\_\_\_\_

Pharmacist 4:  
Personal Contribution\* \$ \_\_\_\_\_

Borrowed Funds\* \$ \_\_\_\_\_

Name of Finance Lender (if applicable) \_\_\_\_\_

Pharmacist 5:  
Personal Contribution\* \$ \_\_\_\_\_

Borrowed Funds\* \$ \_\_\_\_\_

Name of Finance Lender (if applicable) \_\_\_\_\_

Pharmacist 6:  
Personal Contribution\* \$ \_\_\_\_\_

Borrowed Funds\* \$ \_\_\_\_\_

Name of Finance Lender (if applicable) \_\_\_\_\_

**Total Finance** \$ \_\_\_\_\_

*\*Document required: If you are contributing to the cost of finance through your own funds, gifted funds, or borrowed funds where there is no formal loan agreement document, you must attach a statutory declaration outlining the arrangements (see Annexure A).*

See Guide Note 9 'Financial Arrangements' for more information about completing the statutory declaration including who may act as witness to a statutory declaration in NSW.

### 3. DETAILS OF LEASE OF PREMISES

➤ *Document required: Lease agreement of premises/transfer of lease document must be attached.*

- 3.1 Will the pharmacy premises be leased? Yes   
No  (Go to 3.8)
- 3.2 Is this a new lease? Yes   
No
- 3.3 Is this a transfer of an existing lease? Yes   
No



- 3.4 Is the lease a sub-lease? Yes   
[see Guide Note 10 'Lease of Premises'] No

3.5 Complete the following details:

Head Lessor Name \_\_\_\_\_

Lessor Name \_\_\_\_\_  
(sub-lease)

Lessee Name(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3.6 What is the expiry date of this lease? \_\_\_\_\_

- 3.7 Does the lease have a percentage of turnover clause? Yes\*   
[see Guide Note 10 'Lease of Premises'] No

**\*Note:** Any provision or clause in a lease agreement which provides that the lessor is to receive money, or other consideration, that varies according to the turnover of the pharmacy, is **void**.

3.8 Other arrangement or understanding whether formal or informal, whether express or implied. Please specify and attach information explaining the arrangement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 4. PROFESSIONAL SERVICES ROOM

Are you intending to establish a Professional Services Room associated with this pharmacy?

[Professional Service Rooms are approved premises associated with, but separate to, the pharmacy and are limited to preparation and packaging, see Guide Note 13 'Professional Services Room Requirements']

Yes\*

No

\*If yes please also lodge a separate Application for Professional Services Room.

#### 5. SERVICE ENTITIES

5.1 Will a Service Entity be operating in association with this pharmacy?

[See Guide Note 7 'Service Entities']

Yes

No  (Go to 6)

5.2 Service Entity name \_\_\_\_\_

ABN \_\_\_\_\_

ACN \_\_\_\_\_



Note: The Regulation requires a minimum size for the dispensary as well as requirements for equipment and access

- g) the layout of the dispensary including:
- location of dispensing benches;
  - location of benches for general compounding of medicines;
  - location of hot and cold water sink with drainer;
  - location of vaccine refrigerators(s);
  - location of dispensing stations (dispensing computers);
  - location of shelving in the dispensary - including 'rhombic', 'carousel' units and automated robotic delivery machines;
- h) the location of the area or areas for the storage for sale of any Pharmacist Only Medicines (S3 medicines) that must not be accessible to the public. Note: This area may be in the dispensary;
- i) the confidential counselling area with the perimeter of the confidential counselling area marked to distinguish it from other areas of the pharmacy and with privacy arrangements indicated;
- j) the location of any laboratory area for complex compounding or preparation of sterile/cytotoxic products, including the location of specific equipment such as sink and powder containment cabinet;
- k) the location of treatment or patient consulting rooms or areas *e.g. treatment/vaccination room, beauty treatment room, ear-piercing room*;
- l) the location of other general areas (*eg office, staffroom, storeroom, toilets*).

## 7.2 Locational plan requirements

[See Guide note 11 - 'Premises Plan Information']

➤ *Document required: A Locational Plan, showing the premises in relation to the surrounding area, and complying with the following requirements, must be attached.*

- a) The Locational Plan should include any adjacent buildings, roadways with name of roadway marked, footpaths, walkways and car parks. If located within a shopping centre, a layout plan of the shopping centre with premises highlighted should be provided;
- b) The door/entrance providing public access is to be clearly marked.

## 8. PHARMACY PREMISES REQUIREMENTS

[See Guide Note 12 - Pharmacy Premises Requirements']

The following checklists must be completed.

### 8.1 Equipment requirements checklist:

- |   |   |
|---|---|
| <input type="checkbox"/> Dispensing Balance   | <input type="checkbox"/> Heavy Duty Scales        |
| <input type="checkbox"/> Funnel   | <input type="checkbox"/> Dispensing Measure 200ml |
| <input type="checkbox"/> Mortar and Pestle (2) ( <i>at least 1 to be of glass</i> ) | <input type="checkbox"/> Dispensing Measure 100ml |
| <input type="checkbox"/> Spatulas (2)   | <input type="checkbox"/> Dispensing Measure 10ml  |
| <input type="checkbox"/> Tablet Counting Tray                                       | <input type="checkbox"/> Dispensing Measure 5ml   |
| <input type="checkbox"/> Ointment Slab  | <input type="checkbox"/> Stirring Rod             |
| <input type="checkbox"/> Refrigerator suitable for the storage of vaccines          | <input type="checkbox"/> Heating facility         |
| <input type="checkbox"/> Dispensary Barcode scanner for each dispensing station     |   |

The Council expects that balances, scales, weights and measures will be stamped as approved under the *National Measurement Act 1960*.

8.2 Publications checklist. Latest editions must be available.

- [ ] *Health Practitioner Regulation National Law (NSW)*
- [ ] *Health Practitioner Regulation (New South Wales) Regulation 2010*
- [ ] *Poisons and Therapeutic Goods Act 1966 and Regulation*
- [ ] *Price Information Code of Practice*
- [ ] Latest editions and all published amendments or supplements to those editions of the publications listed in the Pharmacy Board of Australia’s guidelines on practice specific issues – Guideline 1 (List of reference texts for pharmacists) as amended from time to time

Alternatively it is acceptable for electronic versions of the above publications to be accessible from the pharmacy premises.

**9. DOCUMENTS REQUIRED**

The Law permits the Council to require production of any document considered necessary to assess this application. All relevant documents including any shareholder agreement, loan finance agreement or mortgage over the pharmacy, where applicable, must be lodged with this application.

The Council will require the following duly executed documents to support the application at least 14 days before acquiring the financial interest in the pharmacy business:

1. Partnership agreement
2. Shareholder agreement
3. Service agreement
4. Franchise agreement (executed by at least the franchisee)
5. Finance arrangements – eg. bill of sale, loan offer (loan facility agreement), vendor finance, business security agreement
6. Constitution (if pharmacists’ body corporate is involved)
7. Trust deed (if trust is involved)
8. Lease/sub-lease (unless this is a new lease in which case it must be signed by the tenant)
9. Consent to lease/transfer of lease form (executed by the transferor and transferee)

The Council acknowledges that specific documents will not be signed/executed until this application has been approved. The following duly executed document which may not be available until after settlement of the sale, must be provided within 14 days after acquisition of the interest in the pharmacy business:

- A. Consent to lease/transfer of lease form (executed all parties including the landlord)

DOCUMENT CHECKLIST

The following checklist should be completed to ensure all relevant documentation is provided at the time of lodging the application.

Incomplete applications, that is, applications with incomplete documentation, or unsigned documentation when signed and executed documentation is required, will not be approved.

Document description	Document Attached	Not Applicable
Summary of Ownership Structure	<input type="checkbox"/>	<input type="checkbox"/>

Partnership Agreement.	<input type="checkbox"/>	<input type="checkbox"/>
ASIC Certificate of Registration	<input type="checkbox"/>	<input type="checkbox"/>
Current ASIC Company Extract	<input type="checkbox"/>	<input type="checkbox"/>
Company Constitution	<input type="checkbox"/>	<input type="checkbox"/>
Shareholders' Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Trust Deed	<input type="checkbox"/>	<input type="checkbox"/>
Minister for Health's Letter of Approval	<input type="checkbox"/>	<input type="checkbox"/>
Loan/Finance Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Statutory Declaration (Annexure A)	<input type="checkbox"/>	<input type="checkbox"/>
Lease agreement of premises/Transfer of lease	<input type="checkbox"/>	<input type="checkbox"/>
Service Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Franchise/Banner Group Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Licence/Management Services Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy Floor Plan	<input type="checkbox"/>	
Premises Locational Plan	<input type="checkbox"/>	
Any other agreement, arrangement information or details required to be attached to /included with this form	<input type="checkbox"/>	<input type="checkbox"/>

## 10. CONSIDERATION OF APPLICATION, APPROVAL AND INSPECTION BY COUNCIL

[See Guide Note 21 - 'Inspections by the Council']

- 10.1 Approval and registration of the premises is subject to approval of this application by Council followed by a satisfactory inspection of the premises (see also 10.2). The Council is unable to approve any premises that are within or partly within, or connected to, a supermarket, or premises that the public can directly access from within a supermarket.

### Timeframe for consideration of applications:

Within 2 business days of receipt of your application we will contact you to confirm receipt. Within 10 business days of receipt of your application we will send correspondence either confirming approval (for complete and compliant applications), or notifying you of any outstanding documentation, issues requiring rectification or if documentation requires legal review.

### What happens if my application requires legal review?

The timeframe for consideration of applications requiring extensive legal review will be determined on a case by case basis. If your application requires a legal review, we will provide you with an approximate timeframe for the review and inform you of any associated costs.

**What do I do if my application has been refused?**

Applications will be considered for refusal if required documentation remains inadequate or outstanding one month after lodgement of the application.

If your application is refused, you may submit a new application or lodge an appeal against the decision in the NSW Civil and Administrative Tribunal (NCAT). See rights of appeal at Guide Note 22 - 'Timetable for registrations and appeals'

**10.2 Inspection of the premises**

Approval of premises by the Council is subject to a satisfactory inspection of the premises. The date of registration of the pharmacy is deemed to be the date of satisfactory inspection.

If the premises are not ready for inspection by the agreed date, you must notify the Council Inspector giving a **minimum of 48 hours notice** of the postponement of the inspection.

10.2.1 On approximately what date can the pharmacy be inspected?

\_\_\_\_\_ (Please insert date(s))

10.2.2 Who can provide access for the Inspector?

Name \_\_\_\_\_

Phone (Tel) \_\_\_\_\_ (Mob) \_\_\_\_\_

Email \_\_\_\_\_

**11. DECLARATION BY PHARMACIST OWNERS / FINANCIAL INTEREST HOLDERS**

The following signatures are a declaration by the pharmacist(s) who will hold a financial interest in the pharmacy business that the information provided is correct and complete. The provision of information you know to be incorrect or incomplete may constitute unsatisfactory professional conduct.

Signatures must be witnessed.

**If more than six partners / members of a Pharmacists' Body Corporate, please attach a separate schedule.**

Pharmacist 1:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness:

Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Pharmacist 2:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness:

Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Pharmacist 3:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness:

Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Pharmacist 4:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness:

Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Pharmacist 5:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness:

Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Pharmacist 6:

Full Name \_\_\_\_\_ PHA \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness:

Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Application for New Pharmacy Payment**

Under Division 81 of the Goods and Services Tax Regulation, the Treasurer has determined that the above application fee is exempt from the Goods and Services Tax (GST).

**Application fee: \$550.00 plus \$615.00 for each financial interest**

Please complete credit card details below.

Name on the card \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

Visa  MasterCard  We accept Visa or MasterCard only.

Card Number

Expiry date \_\_\_\_ / \_\_\_\_ Amount \$ Date \_\_\_\_\_



Annexure A

Statutory Declaration

OATHS ACT 1900, NSW, NINTH SCHEDULE

I, [name of declarant], of [residence]

do hereby solemnly declare and affirm that

[Dotted lines for declaration content]

[the facts to be stated according to the declarant's knowledge, belief, or information, severally]

and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1900.

Declared at: [place] on [date]

[signature of declarant]

in the presence of an authorised witness, who states:

I, [name of authorised witness], a [qualification of authorised witness]

certify the following matters concerning the making of this statutory declaration by the person who made it: [\* please cross out any text that does not apply]

- 1. \*I saw the face of the person OR \*I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. \*I have known the person for at least 12 months OR \*I have confirmed the person's identity using an identification document and the document I relied on was

[describe identification document relied on]

[signature of authorised witness]

[date]