



The Manitoba Pharmaceutical Association

200 TACHE AVENUE, WINNIPEG, MANITOBA R2H 1A7
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2010 APPLICATION FOR PHARMACY LICENCE for an existing pharmacy

I,(We) _____ (Name of Pharmacy Licence Holder) hereby make application for a Pharmacy Licence to conduct a pharmacy under the provisions of The Pharmaceutical Act of the Province of Manitoba **until the 31st day of December, 2010.**

PHARMACY BUSINESS NAME: _____

PHARMACY ADDRESS: _____
Street Address City Province Postal Code

PHARMACY BUSINESS NO.: _____

TELEPHONE #1: _____ TELEPHONE #2: _____

FAX NUMBER(S): _____ TOBACCO SALES: Yes or No

PRIMARY E-MAIL ADDRESS: _____

*Additional E-Mail Addresses: _____

PRIMARY WEBSITE: _____

*Additional Websites: _____

BUSINESS HRS. OF OPERATION: _____

Does this pharmacy conduct business as an International Prescription (IPS) Pharmacy? Yes or No

Please be advised for those pharmacies that apply for an International Prescription Service (IPS) component of the Pharmacy licence, the 2010 Pharmacy licence will be issued with the condition the pharmacies include the Council approved disclaimer that will advise their clients, and potential clients, the licensing authority in Manitoba has some limitations regarding the enforcement of the public protection provisions of the provincial legislation for clients outside of Canada. The IPS component of the Pharmacy licence is defined as, "A pharmacy that fills prescriptions for patients who have not physically attended the pharmacy to receive their medication due to their residence and citizenship being outside Canada." (An IPS component may not be needed for a pharmacy located near the American border where the patient physically enters into Canada to receive their medical care in Manitoba.)

PHARMACY MANAGER: _____

REGISTERED, LICENSED PHARMACISTS

PHARMACY STUDENTS

The above pharmacy will be conducted in accordance with The Pharmaceutical Act, The Code of Ethics, Regulations, Standards of Practice, the Bylaws of The Manitoba Pharmaceutical Association and the provisions of and regulations made under the Food and Drugs Act and Controlled Drugs and Substances Act of Canada.

X
Signature of Pharmacy Manager

X
Signature of Chief Executive Officer or Pharmacy Owner

Date:

For Office Use Only:

Licence #: _____ Code: _____

Approved By: _____

If licensing between JAN 1 – JUNE 30/10

Pharmacy Licence fee: \$ 892.50
G.S.T. \$ 44.63
\$ 937.13
GST No. R107660664

IPS Pharmacy Fee:
Pharmacy \$892.50
IPS \$8,240.00
GST \$456.63
\$ 9,589.13

PAYMENT MUST ACCOMPANY APPLICATION ... ALL FEES ARE NON-REFUNDABLE

Cheque: (Payable to the Manitoba Pharmaceutical Association)

Interac: (Payment made at the MPhA Office)

Visa or MasterCard Number: _____ / _____ / _____ / _____

Expiry Date: _____

Name of Cardholder: _____

Signature of Cardholder: _____

If licensing between JULY 1 – DEC 31/10

Pharmacy Licence fee: \$ 535.50
G.S.T. \$ 26.78
\$ 562.28

IPS Pharmacy Fee:
Pharmacy \$535.50
IPS Fee \$4,944.00
G.S.T. \$273.98
\$5,753.48

THE BACK OF THE APPLICATION MUST ALSO BE COMPLETED

SECTION 1 – Must be Completed By CORPORATIONS

(Partnerships and Sole Proprietorships, please see Section 2 below. Hospitals please see Section 3 below.)

RENEWAL OF PHARMACY LICENCE HOLDERS BY A CORPORATION:

1. A copy of the last Annual Return for the applicant and any changes since filing this last annual return with the companies office.
2. If applicable, copies of any amendments to the Articles of Incorporation (or equivalent, if any extra-provincial corporation) for the applicant, since filing the 2009 Application;
3. Where the applicant conducts business under a name **other than** its own name, copies of any Renewal of Business Name, or a search (uncertified) or Certificate of Search (under *The Business Names Registration Act*) for each business name confirming registration/renewal. *(This is only required if the business name was renewed during the previous year, and a copy of the Renewal has not previously been provided.)*
4. If there have been any changes in the legal or beneficial ownership of the applicant from what was shown on the 2008 application, please provide details of such changes on an attached list.

NOTE - Annual returns must comply with s.8 of *The Corporations Act* regulations which requires listing of:

1. The names and addresses of all the directors of the corporation;
2. The names and addresses of the president, secretary, treasurer, and manager of the corporation (for each office which is occupied); and
3. The names and addresses of each shareholder holding 10% or more of the voting shares of the corporation.

Where any person is listed as an owner, or director or legal or beneficial owner of shares of the corporation applying for the licence has an interest in any other pharmacy in Canada, disclosure of the name(s) and address(es) of such pharmacy or pharmacies *

SECTION 2 – Must be Completed by PARTNERSHIPS AND SOLE PROPRIETORSHIPS

RENEWAL OF PHARMACY LICENCE HOLDERS BY PARTNERSHIPS AND SOLE PROPRIETORSHIPS

Where the applicant conducts business under a name **other than** its own name, copies of any Renewal of Business Name, or a search (uncertified) or Certificate of Search (under *The Business Names Registration Act*) for each business name confirming registration/renewal. *(This is only required if the business name was renewed during the previous year, and a copy of the Renewal has not been previously provided.)*

FOR PARTNERSHIPS ONLY, the following item below is to be completed ONLY if there are any changes from the information given on the 2008 Application:

IDENTIFY BY NAMES AND ADDRESSES ALL OF THE PARTNERS*** OF THE PARTNERSHIP*:

**** For Partnerships, if any of the Partners are corporations, all the information above regarding Corporations must also be provided for any such corporate Partners.*

Where any person is listed as an owner, or director or legal or beneficial owner of shares of the corporation applying for the licence has an interest in any other pharmacy in Canada, disclosure of the name(s) and address(es) of such pharmacy or pharmacies *

SECTION 3 - Must be completed by HOSPITALS

NAME AND ADDRESS OF OFFICERS AND DIRECTORS *

* PLEASE ATTACH LISTS AS NECESSARY