



Victorian Pharmacy Authority

ABN 77 875 845 822

Level 6, 369 Royal Parade, Parkville Vic 3052

Tel: 03 9356 8400

Fax: 03 9348 0608

Email: enquiries@pharmacy.vic.gov.au

NOTIFICATION OF COMMENCEMENT OF A NEW PHARMACY BUSINESS & PAYMENT OF PHARMACIST OWNER LICENCE FEE

NOTIFICATION OF COMMENCEMENT

Name of owner

Reg No.....

Business or trading name of the pharmacy:

Proposes to, or commenced, the pharmacy business at:
(if more than one pharmacy, please use a different form for each)

Street Address

Suburb

on (insert date of commencement of new ownership):

/ /

Name of the Pharmacist in charge of day to day operations of the pharmacy:

Name(s) of all other owners of the pharmacy business

Signed: new owner:

Signature:

Date:

ANNUAL LICENCE FEE PAYMENT (for period 1 May 2015 to 30 April 2016)

Enclosed is payment of the prorata annual licence in accordance with the fee schedule below.

Fee Schedule

Notification date	Pro-rata Licence fee
1 July to 30 September	\$209.65 (full fee)
1 October to 31 December	\$157.20
1 January to 30 March	\$104.80
1 April to 30 June	\$52.40

Payment method (Please tick)
CHEQUE Payable to **Victorian Pharmacy Authority**

MONEY ORDER
CREDIT CARD (CC)

VISA or MASTERCARD ONLY
(Please circle)
Name on credit card

Credit Card Number:

Expiry Date: /

.....
SIGNATURE OF CREDIT CARD
HOLDER

Send to: **VICTORIAN PHARMACY AUTHORITY**
Level 6, 369 Royal Parade, Parkville Vic 3052 or Fax (03) 9348 0608 or Email enquiries@pharmacy.vic.gov.au