



# College of Pharmacists of Manitoba

200 TACHE AVENUE, WINNIPEG, MANITOBA R2H 1A7  
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## 2015 APPLICATION FOR PHARMACY LICENCE FOR A NEW COMMUNITY 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, 2015.**

PHARMACY BUSINESS NAME(S) \_\_\_\_\_

PHARMACY ADDRESS\*: \_\_\_\_\_

Street Address , Lot, Block, Plan No. City Province Postal Code

\*[ ] Additional buildings, facilities and/or premises are being used as part of this pharmacy licence and details of the location(s) and description of activities at each location is attached to this application.

CORPORATION'S (9 digit) BUSINESS NUMBER: \_\_\_\_\_

TELEPHONE #1: \_\_\_\_\_ TELEPHONE #2: \_\_\_\_\_

FAX NUMBER(S): \_\_\_\_\_

PRIMARY E-MAIL ADDRESS: \_\_\_\_\_

PRIMARY WEBSITE: \_\_\_\_\_ (Please list additional email and website address on separate paper)

BUSINESS HRS. OF OPERATION: \_\_\_\_\_

LOCK AND LEAVE: YES or NO HOURS IF YES: \_\_\_\_\_

EXPECTED DATE OF OPENING: \_\_\_\_\_ (Must be no less than 30 days following the date of this application)

### ALL APPLICATIONS MUST ATTACH:

1. A sketch / floorplan showing the physical layout of the pharmacy;
2. A description of the pharmacy services to be provided, and
3. If a Lock & Leave permit is also being requested, a sketch that includes the Lock & Leave area and the larger retail operation.

This pharmacy meets the minimum \$5,000,000 commercial liability insurance requirement under a policy through the following insurance company \_\_\_\_\_.

### **Does this pharmacy conduct business or practice pharmacy with the following: (Check All That Apply)**

Central fill  Secondary hospital  Personal care home (long term care)  
 \*Distance care (international prescription service (IPS))  External dispensing  Satellite pharmacy  Lock and Leave  
Any above noted services, the application must provide additional details with this application.

\* Please be advised for those pharmacies that apply for a Distance Care (International Prescription Service (IPS) component of the Pharmacy licence, the 2015 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:** (please print) \_\_\_\_\_ **No. of hours/week on site** \_\_\_\_\_.

**LICENSED PHARMACISTS (please print and include licence number)**

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

**PHARMACY STUDENTS & INTERNS**

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

**PHARMACY TECHNICIANS** (qualified and listed by the College)

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

We confirm the above pharmacy will be conducted in accordance with the provisions of *The Pharmaceutical Act*, other legislation and rules related to the practice of pharmacy and the provisions of and regulations made under the *Food and Drugs Act* and *Controlled Drugs and Substances Act of Canada*. We declare that neither the pharmacy manager nor the applicant owner (legal and beneficial owners, officers, directors and/partners, as applicable to the ownership for this pharmacy) has not been subject to disciplinary, criminal or administrative sanctions associated with the practice of pharmacy or the operation of a pharmacy in any jurisdiction.

Signature of Pharmacy Manager .....

Signature of CEO or Pharmacy Owner .....

Date of Application .....

<b>For Office Use Only: Licence #:</b> _____ <b>Date Licensed:</b> _____ <b>Approved by:</b> _____
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**PAYMENT MUST ACCOMPANY APPLICATION ... ALL FEES ARE NON-REFUNDABLE**

GST No. R107660664

o **Cheque:** (Payable to the College of Pharmacists of Manitoba (CPhM)) OR **Interac:** (Payment made at the CPhM Office)

o **Visa or MasterCard Number:** \_ \_ \_ / \_ \_ \_ / \_ \_ \_ / \_ \_ \_ **Expiry Date:** \_ \_ / \_ \_

**Pre-Opening Inspection Fee:** (\$750.00) + GST (\$37.50) = \$787.50

**Licence Fee: If licensing between January 1 & June 30, 2015:**

Pharmacy Licence Fee (\$1,111.00) + GST (\$55.55) = \$1,166.55

Pharmacy Licence Fee (\$1,111.00) + IPS Fee (\$6615.00) + GST (\$386.30) = \$8,112.30

**Licence Fee: If licensing between July 1 & December 31, 2015:**

Pharmacy Licence Fee (\$667.00) + GST (\$33.35) = \$700.35

Pharmacy Licence Fee (\$667.00) + IPS Fee (\$3,969.00) + GST (\$231.80) = \$4,867.80

**FOR NEW PHARMACY APPLICANTS ONLY**

**SECTION 1 – Must be Completed by CORPORATIONS**

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

1. A copy of the Articles of Incorporation (or equivalent, if an extra-provincial corporation) for the applicant, and any amendments thereto;
2. Where the applicant is an extra-provincial corporation, a copy of the Application for Registration and Certificate of Registration showing the applicant to be registered to conduct business in Manitoba; and

3. Where the applicant intends to conduct business under a name other than its own name, a copy of the Business Name Registration, or a search (uncertified) or Certificate of Search (under *The Business Names Registration Act*) for each business name confirming registration.

**IDENTIFY BY NAME(S) AND ADDRESS(ES), THE LEGAL AND BENEFICIAL OWNERSHIP OF THE SHARES\*\* IN THE CORPORATION \***

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*\*\* If any of the Shareholders of the applicant are corporations, then also provide all of the information above for any such corporate Shareholders.*

**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 \***

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**SECTION 2 - PARTNERSHIPS AND SOLE PROPRIETORSHIPS**

Where the applicant intends to conduct business under a name **other than** its own name, a copy of the Business Name Registration, or a search (uncertified) or Certificate of Search (under *The Business Names Registration Act*) for each business name confirming registration.

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

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*\*\*\* 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 \***

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**\* PLEASE ATTACH LISTS AS NECESSARY**