

Department of Health

PHARMACEUTICAL SERVICES BRANCH

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Application for Licence to Sell or Supply Certain Schedule 2 Substances (Country Store Licence Application)

Section 27 of the *Poisons Act 1971*
Regulation 80(2) of the *Poisons Regulations 2018*

Licence Information

In most cases Schedule 2 medicines may be sold from registered pharmacies only. Schedule 2 medicines have the words PHARMACY MEDICINE clearly printed on the packaging. Schedule 2 medicines may be sold in Tasmania by a person who is not a registered pharmacist when they hold a licence for the premises under Section 27 of the *Tasmanian Poisons Act 1971*.

To obtain or renew a licence under Section 27 this application form must be completed and returned to Pharmaceutical Services Branch. A fee for this licence is also payable, if you require an invoice please contact the Branch. Please provide evidence of payment along with your completed application.

A person applying for a Section 27 licence must operate a retail store open to the public situated at least 10km by nearest practicable route from a registered pharmacy premises. Before issuing a licence the Department of Health may make any enquiries necessary to establish the bona fides of the applicant and to ascertain if they are a fit and proper person to hold a licence.

Licences issued will expire on the 31 December each year. A renewal application and invoice will be provided to current licensees approximately one month prior to expiry.

The *Poisons Act 1971* and *Poisons Regulations 2018* are accessible from www.thelaw.tas.gov.au

Privacy Statement

The Department of Health provides this form so that you may apply for a licence. The information and documents collected for the purpose of this application may be accessible by authorised departmental persons. The department will not disclose your personal information or supporting documents to third parties without your consent unless required or authorised by law.

Applicant Details

Please note the applicant should have authority within the business to determine policies and procedures in relation to handling of medicines included on the licence.

Applicant full name:

Applicant date of birth:

Applicant position within the business:

I have attached a certified copy of photo identification

I have attached (or have previously provided) a letter from a medical practitioner / stipendiary magistrate / mayor certifying that I am a fit and proper person to sell Schedule 2 medicines

Business Details

Business name:

Premises address:

Postal address:	
Nature of business:	
ABN:	
Telephone:	
Email address:	
<input type="checkbox"/> I have attached a copy of the current certificate of registration of business name and / or trading name	

Nearest Pharmacy Details	
Name and address of nearest registered pharmacy business:	
Distance of premises from nearest pharmacy business:	
<input type="checkbox"/> I have attached a map showing the location of the proposed premises for this licence and the distance to the nearest registered pharmacy business	

Storage of Medicines
<i>Please note Schedule 2 medicines must be kept in a part of the licensed premises that is not readily accessible to the public so that their sale can be controlled by shop staff. If you also sell food / beverages you must store medicines in a manner that ensures food and beverages will not be contaminated.</i>
Where will Schedule 2 medicines be stored? <input type="checkbox"/> Behind counter <input type="checkbox"/> Locked cupboard (may be glass fronted) <input type="checkbox"/> Other, please specify:
<input type="checkbox"/> I have attached photos of proposed storage arrangement for Schedule 2 medicines

Change in Licensee
Licences are not transferable. If your business has recently been purchased from a person holding a licence to supply Schedule 2 medicines, please provide the following details
Previous licensee name:
Date of purchase:

Declaration
I hereby apply for a licence under Section 27 of the <i>Poisons Act 1971</i> to sell or supply Schedule 2 medicines, and agree to abide by the <i>Poisons Act 1971</i> , <i>Poisons Regulations 2018</i> and the conditions of the licence.
I declare that: <ul style="list-style-type: none"> i. I am the person who will be responsible for the safe custody of Schedule 2 medicines and for compliance with the provisions of the <i>Poisons Act 1971</i>, <i>Poisons Regulations 2018</i> and licence conditions; ii. I understand I will be responsible for the personal supervision and control of all Schedule 2 medicines, and of all employees who handle these medicines; iii. My business will be carried on only at the above premises; iv. I have a thorough understanding and command of the English language; and v. The statements made in this application are true and correct.
Applicant full name:
Applicant signature:
Date: