

FOR NEW PHARMACY APPLICANTS ONLY

SECTION 1 – Must be Completed by CORPORATIONS

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

*** 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 *

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*:**

**** 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 – HOSPITALS: NAME AND ADDRESS OF OFFICERS AND DIRECTORS *

*** PLEASE ATTACH LISTS AS NECESSARY**

ALL NEW PHARMACIES MUST ATTACH A SITE PLAN SHOWING THE PHYSICAL LAY-OUT OF THE PHARMACY.