



PROPRIETARY PHARMACY PERMIT APPLICATION

(Pursuant to Sections 19 and 20, *The Pharmacy Act, 1996*)

This application must be completed by the licensed pharmacist who is the manager of the pharmacy for which the permit is being applied for.

(Please Print)

APPLICATION FOR:

- Permit Renewal New Pharmacy Pharmacy Manager Change Pharmacy Name Change
 Relocation Renovation
 Corporate Share Purchase Completion/Change Date: _____

PHARMACY IDENTIFICATION

Primary Pharmacy Trade Name: _____
 Mailing Address: _____
 City/Town: _____ Prov: _____ PC: _____
 Phone #: _____ Fax #: _____ Email: _____
 Pharmacy Location Address: (As above) or _____

PROPRIETOR IDENTIFICATION

Proprietor (Corporate Name): _____
 Proprietor (Mailing) Address: _____
 Street: _____ City: _____ Prov: _____ PC: _____

In order to verify the corporate information and status of applicants for Proprietary Pharmacy Permits, including compliance with Section 19 of *The Pharmacy Act, 1996*, in processing this application the College will access public record information filed with Saskatchewan Justice Corporations Branch, Corporate Registry.

PHARMACY HOURS

Operating Lock and Leave? Yes No

Pharmacy Hours of Operation			Hours Entire Premises Open To Public	
From	To		From	To
		Sunday		
		Monday		
		Tuesday		
		Wednesday		
		Thursday		
		Friday		
		Saturday		
Pharmacy Open For Lunch <input type="radio"/> Yes Time _____ <input type="radio"/> No			Premises Open For Lunch <input type="radio"/> Yes <input type="radio"/> No	
Stat Holidays <input type="radio"/> Open <input type="radio"/> Closed		Stat Holidays	Stat Holidays <input type="radio"/> Open <input type="radio"/> Closed	
_____ Stat Hours		Stat Holidays	_____ Stat Hours	

PLEASE ENSURE THAT YOU HAVE COMPLETED THE ENTIRE APPLICATION FORM

Office Use Pharmacy # _____ Pharmacy Type: _____ Approved _____
 Database _____ RHA _____ EPC _____ Directors _____ Deposit # _____ Receipt # _____ Approval Date _____

