



# College of Pharmacists of Manitoba

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## 2023 APPLICATION FOR PHARMACY LICENCE FOR A CLINICAL PRACTICE PHARMACY

I (We), \_\_\_\_\_ (Name of Pharmacy Licence Holder, for example: 123456 Manitoba Ltd.) hereby make application for a Pharmacy Licence to conduct a pharmacy under the provisions of *The Pharmaceutical Act* in the Province of Manitoba **until the 31st day of December, 2023.**

Pharmacy Business Name(s)

Pharmacy Address\*

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

Primary E-Mail Address

Additional E-Mail Address

Fax Number

Primary Website

Additional Website

Business Hours of Operation

This pharmacy meets the minimum \$5,000,000 commercial general liability insurance of requirement under a policy through the following insurance company (and evidence will be provided to the College such as a letter from the insurance broker or the insurer, a copy of the policy declaration page or a copy of the policy itself):  
\_\_\_\_\_

**Pharmacy Manager**

please print

**Licensed Pharmacists**

please print and include licence number

### FOR OFFICE USE ONLY:

Licence #

Approved By

Date Approved

<b>Pharmacy Students &amp; Interns</b>		
<b>Pharmacy Technicians</b> (qualified and listed by the College)		
The above pharmacy will be conducted in accordance with the provisions of <i>The Pharmaceutical Act</i> , other provincial legislation and rules related to the practice of pharmacy and the provisions of and regulations made under the <i>Food and Drugs Act</i> and <i>Controlled Drugs and Substances Act</i> of Canada.		
I grant permission for the College of Pharmacists of Manitoba to access drug wholesale records for this pharmacy.		
<b>Signature of Pharmacy Manager</b>		
<b>Signature of CEO or Pharmacy Owner</b>		
<b>Print Name of CEO or Pharmacy Owner</b>		
<b>Date of Application</b>		

<b>FEES &amp; PAYMENT</b>			
<b>Select all applicable fees:</b>			<b>Total Amount</b>
	Pre-Opening Inspection Fee	\$886.89 + GST \$44.34 =	<b>\$931.23</b>
	<b>For licence effective January 1st to December 31st</b>		
	Pharmacy Licence Fee	\$1,743.40 + GST \$87.17 =	<b>\$1,830.57</b>
	<b>For licence effective July 1st to December 31<sup>st</sup></b>		
	Pharmacy Licence Fee	\$1,046.04 + GST \$52.30 =	<b>\$1,098.34</b>
When your application, and all supporting documents are received and approved at the College office, you will be notified by email that an invoice has been generated and is ready for payment.			
Payments are accepted by:			
<b>1.</b>	<b>Visa or MasterCard</b>	If you choose to pay by credit card, you will be advised to pay online through your registrant portal.	
<b>2.</b>	<b>Cheque</b>	If you choose to pay by cheque, print a copy of the invoice and mail both the invoice and cheque to the College Office. Cheque made payable to the <b>College of Pharmacists of Manitoba</b>	
<b>Please Note: All Fees are NON-REFUNDABLE</b>			

## Section 1 – Must be Completed by Corporations

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

### Renewal of Pharmacy Licence Holders by a Corporation:

1. A copy of the last Annual Return for the applicant and any changes since filing this last annual return with the companies office.
2. If applicable, copies of any amendments to the Articles of Incorporation (or equivalent, if any extra-provincial corporation) for the applicant.
3. Where the applicant conducts business under a name **other than** its own name, copies of any Renewal of Business Name, or a search (uncertified) or Certificate of Search (under *The Business Names Registration Act*) for each business name confirming registration/renewal. *(This is only required if the business name was renewed during the previous year, and a copy of the Renewal has not previously been provided.)*
4. If there have been any changes in the legal or beneficial ownership of the applicant from what was shown on the 2022 application, please provide details of such changes on an attached list.

**NOTE - Annual returns** must comply with s.8 of *The Corporations Act* regulations which requires listing of:

1. The names and addresses of all the directors of the corporation;
2. The names and addresses of the president, secretary, treasurer, and manager of the corporation (for each office which is occupied); and
3. The names and addresses of each shareholder holding 10% or more of the voting shares of the corporation.

**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 \***

Name	Address
Name	Address
Name	Address

## Section 2 – Must be Completed by Partnerships and Sole Proprietorships

### Renewal of Pharmacy Licence Holders by Partnerships and Sole Proprietorships

Where the applicant conducts business under a name, **other than** its own name, copies of any Renewal of Business Name, or a search (uncertified) or Certificate of Search (under *The Business Names Registration Act*) for each business name confirming registration/renewal. *(This is only required if the business name was renewed during the previous year, and a copy of the Renewal has not been previously provided.)*

**For Partnerships Only, the following item below is to be completed ONLY if there are any changes from the information given on the 2022 Application:**

**Identify by names and addresses, all partners\*\*\* of the partnership\***

Name	Address
Name	Address
Name	Address

*\*\*\* 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 \***

Name	Address
Name	Address
Name	Address

**Please Attach Documents and Lists as Necessary**