



## Victorian Pharmacy Authority

Level 2, 15-31 Pelham St  
Carlton Vic 3053

Tel: 03 9653 1700 ~ Fax: 03 9653 1750 Email: [applications@pharmacy.vic.gov.au](mailto:applications@pharmacy.vic.gov.au)

### APPLICATION FOR A LICENCE TO CARRY ON A PHARMACY BUSINESS

[SECTION 36 PHARMACY REGULATION ACT 2010]

#### INFORMATION SHEET

Applicants should complete the application form that corresponds to their eligibility status.

Applications may be lodged by post or email. Faxed applications will not be accepted. If emailed, separate documents are to be submitted as separate PDF files. Emailed applications may only be sent to [applications@pharmacy.vic.gov.au](mailto:applications@pharmacy.vic.gov.au).

A separate application is required for each business premises in which the applicant seeks a licence to carry on a pharmacy business.

**ALL questions should be answered– partly completed forms or forms with questions answered ‘Not applicable’ or ‘N/A’ will not be accepted.**

**Form VP11** – to be completed when the applicant is a registered pharmacist.

**Form VP12** – to be completed when the applicant is a company registered under the Corporations Act:

- (i) whose directors are all registered pharmacists; and
- (ii) in which all the shares and the beneficial and legal interest in those shares are held by registered pharmacists.

**Form VP13** – to be completed when the applicant is a company registered under the Corporations Act that:

- (i) immediately before 1 July 1999 was registered or incorporated as a Friendly Society under a Friendly Societies Code of a State or Territory that was in force at that time; and
- (ii) is a company limited by guarantee (or shares or by guarantee and shares); and
- (iii) has at least 100 members; and
- (iv) whose members have equal voting rights on a poll or at a meeting or equal voting rights to elect a representative to vote on their behalf; and
- (v) whose objects include the provision of health or welfare facilities or services for its members or their dependants; and
- (vi) whose undistributed surplus if the company were wound up is to be distributed among its members at the time of winding up or transferred to another person or body with a similar structure and objects; and
- (vii) is able to satisfy the Authority that:
  - the company is not carrying on business for the dominant purpose of securing a profit or pecuniary gain for its members; and
  - any object or intention of the company to provide a dividend to its shareholders or members is a limited and not dominant purpose of the company; and
  - the property and income of the company is applied towards the objects of the company

**Form VP14** – to be completed when the applicant is a company registered under the Corporations Act that is a wholly owned subsidiary of a company referred to in VP13 above

**Form VP15** – to be completed when the applicant is a company registered under the Corporations Act that:

- (i) satisfies the requirements of VP13 (ii) to (vii) above; and
- (ii) is an amalgamation of 2 or more companies that comply with VP13 above.

**Form VP 17** – To be completed when the applicant is a registered funded agency, registered community health centre, private hospital, or privately-operated hospital within the meaning of the Health Services Act 1988 that is acting in accordance with the provisions of the Health Services Act 1988.

Any other entity should contact the office of the Victorian Pharmacy Authority for advice.



# Victorian Pharmacy Authority

Level 2, 15-31 Pelham St

Carlton Vic 3053

Tel: 03 9653 1700

Fax: 03 9653 1750

Email: applications@pharmacy.vic.gov.au

## Form VP15

### APPLICATION FOR A LICENCE TO CARRY ON A PHARMACY BUSINESS

[SECTION 36 Pharmacy Regulation Act 2010]

**A statutory application fee is required with this application.**

*The application fee covers the assessment of the application including an inspection of the pharmacy. The fee does not cover the statutory annual licence fee.*

**ALL questions should be answered– partly completed forms or forms with questions answered ‘Not applicable’ or ‘N/A’ will not be accepted.**

**SECTION 1:** (To be completed by a Director or the Company Secretary of the applicant company)

**1.1 Name of company and address of registered office:**

.....

**1.2 Name, address of all Directors:**

Name Registration No.

Address

.....

Name Registration No.

Address

.....

Name Registration No.

Address

.....

If insufficient space please provide a list of all Directors on a separate sheet.

**1.3 Does the company have at least 100 members? YES / NO**

**1.4 Attach a copy of an ASIC Company Extract.**

(Refer [www.asic.gov.au](http://www.asic.gov.au))

**1.5 Attach a copy of the company’s Constitution or Memorandum and Articles.**

- (i) List the clauses that give the members equal voting rights at a poll or at a meeting.
- (ii) List the clauses that give the members equal voting rights to elect a representative to vote on their behalf.
- (iii) List the clauses that state that the objects of the company include the provision of health or welfare facilities or services for its members or their dependants.
- (iv) List the clauses that state that any undistributed surplus if the company were wound up is to be distributed among its members at the time of winding up or transferred to another person or body with a similar structure and objects.

**1.6 Attach a statement or other evidence to demonstrate that :**

- (a) the company is not carrying on business for the dominant purpose of securing a profit or pecuniary gain for its members; and
- (b) any object or intention of the company to provide a dividend to its shareholders or members is a limited and not dominant purpose of the company; and
- (c) the property and income of the company is applied towards the objects of the company;

**1.7 List the business or trading name and address of every other pharmacy business that the Applicant Company owns or in which it has a proprietary interest. (*‘Proprietary interest’ means a legal or beneficial interest and includes a proprietary interest as a sole proprietor, as a partner, as a director, member or shareholder of a company and as a trustee or beneficiary of a trust*). (IF **NONE** WRITE “NONE”)**

1.

.....  
P/Code

2.

.....  
P/Code

3.

.....  
P/Code

4.

.....  
P/Code

If insufficient space please provide a list of all other pharmacy businesses on a separate sheet.

**1.8 State the reason for the application:**

Eg: The Company is intending to -

- establish a new pharmacy business, or
- relocate an existing pharmacy business carried on by the applicant Company to new premises, or
- purchase an existing pharmacy business from another person or company, or
- purchase a partnership in an existing pharmacy business.

.....

.....

**1.9 Address of the premises at which the pharmacy business is to be carried on:**

Address:

.....

.....

**P/Code**

**Important Note:**

The applicant must not establish or carry on a pharmacy business until the Authority has registered the premises of the pharmacy business. If the Authority has not registered the premises you may apply for registration by submitting an 'Application for registration of pharmacy premises'. The application form may be obtained from the Authority's offices or website [[www.pharmacy.vic.gov.au](http://www.pharmacy.vic.gov.au)].

**1.10 If relocating the pharmacy business from existing premises, state the address of the existing premises at which the business is carried on.**

.....

**P/Code**

.....

**1.11 Write if the Applicant Company will carry on the pharmacy business as a sole proprietor or in partnership with other persons and or registered companies. If in partnership also list the partners.**

.....

.....

.....

.....

**If the business is to be carried on by a partnership attach a copy of the Partnership Agreement. (If you are unable to attach a copy of the partnership agreement state why and when it will be forwarded).**

.....

**1.12 Will any persons or companies other than the applicant company and partners listed in 1.11 above have a proprietary interest in the pharmacy business? ('Proprietary interest' means a legal or beneficial interest and includes a proprietary interest as a sole proprietor, as a partner, as a director, member or shareholder of a company and as a trustee or beneficiary of a trust [S3].**

**YES / NO** (circle appropriate answer).

**If YES please list:**

**1.** Name:

Address:  
.....  
.....

**2.** Name:

Address:  
.....  
.....

**3.** Name:

Address:  
.....  
.....

*If insufficient space please provide a list of all other persons or companies with a proprietary interest in the pharmacy business on a separate sheet.*

**1.13 List the name and address of all other companies and persons with whom the applicant company intends to enter into a Service Agreement that relates to the carrying on of the pharmacy business eg Marketing or management companies. (IF NONE WRITE "NONE").**

.....  
**P/Code**

.....  
**P/Code**

.....  
**P/Code**

.....  
**P/Code**

**Attach a copy of each Service Agreement. (If you are unable to attach a copy of the Service Agreement state why and when it will be forwarded).**

**1.14 Will the applicant be the Trustee of a Trust that operates in association with the pharmacy business?**

**Write**                      **YES or NO**

.....  
**If YES:**

**State the name of each Trust and attach a copy of the Trust Deed.**

.....  
.....

**Important Note – Trust or other commercial arrangement assessment:**

*All commercial arrangements including trust deeds will be examined by an Authority officer for compliance with the Act. If deemed non-compliant, documents may (with the applicant's authorisation) be referred to the Authority's lawyers for preparation of a schedule of amendments necessary to ensure compliance, and the applicant will incur an additional fee. The fee for the preparation of these documents will be **\$1,900.00 per commercial arrangement** (exempt from GST). If amendments are required, the amendments must be actioned before the Authority can progress the licence application(s). See commercial arrangement guidance available at [www.pharmacy.vic.gov.au](http://www.pharmacy.vic.gov.au).*

**APPLICATION – SECTION 1**

**STATUTORY DECLARATION**

(The name of person completing the application)

I, .....

.....  
Title (eg Director or Secretary)

.....  
(Name of Company)

.....  
(address)

.....  
Postcode:

Do solemnly and sincerely declare:

- (1) that **all** of the information included in Section 1 of the application is true to the best of my knowledge and is in no way false, inaccurate or misleading, and I have not omitted any relevant information, and
- (2) I am familiar with the *Pharmacy Regulation Act 2010*, and I will take all reasonable steps to ensure that the company maintains the premises and conducts the pharmacy business in accordance with that Act.

*Note: You may be asked to provide additional documentation.*

I make this solemn declaration by virtue of the *Evidence (Miscellaneous Provisions) Act 1958* and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular. I understand that it is an offence under section 9 of the *Pharmacy Regulation Act 2010* to fail or refuse to give the Authority any information required under section 8 or refuse to produce any documents required under section 8 or wilfully mislead the Authority when giving the information which carries a penalty.

Signature of person making the declaration




.....  
company seal

Declared at

.....  
On this ..... day of ..... 20

Before me,

.....  
Signature of person before whom the declaration is made 

Print name, qualification and address of person before whom the declaration is made.

Name .....

Qualification .....

Address: .....

.....  
Postcode

**SECTION 2** (To be completed separately by a Director or the Company Secretary of each of the parent companies)

**2.1 Name of company and address of registered office:**

.....

**1.2 Name, address of all Directors:**

Name

.....  
Address

.....

Name

.....  
Address

.....

Name

.....  
Address

.....

*(If insufficient space please provide a list of all Directors on a separate sheet.)*

**1.3 Does the company have at least 100 members? YES / NO**

**1.4 Attach documentary evidence to show that immediately before 1 July 1999 the company was registered or incorporated as a friendly society under a Friendly Societies Code of a State or Territory that was in force at that time**

**1.5 Attach a copy of an ASIC Company Extract.**  
(Refer [www.asic.gov.au](http://www.asic.gov.au))

**1.6 Attach a copy of the company's Constitution or Memorandum and Articles.**

- (i) List the clauses that give the members equal voting rights at a poll or at a meeting.
- (ii) List the clauses that give the members equal voting rights to elect a representative to vote on their behalf.
- (iii) List the clauses that state that the objects of the company include the provision of health or welfare facilities or services for its members or their dependants.
- (iv) List the clauses that state that any undistributed surplus if the company were wound up is to be distributed among its members at the time of winding up or transferred to another person or body with a similar structure and objects.



**1.7 Attach a statement or other evidence to demonstrate that :**

- (a) the company is not carrying on business for the dominant purpose of securing a profit or pecuniary gain for its members; and
- (b) any object or intention of the company to provide a dividend to its shareholders or members is a limited and not dominant purpose of the company; and
- (c) the property and income of the company is applied towards the objects of the company;

**1.8 List the business or trading name and address of every other pharmacy business that the parent company owns or in which it has a proprietary interest.** (*‘Proprietary interest’ means a legal or beneficial interest and includes a proprietary interest as a sole proprietor, as a partner, as a director, member or shareholder of a company and as a trustee or beneficiary of a trust).*

**(IF NONE WRITE “NONE”).**

1.  
.....  
**P/Code**

2.  
.....  
**P/Code**

3.  
.....  
**P/Code**

4.  
.....  
**P/Code**

*If insufficient space please provide a list of all other pharmacy businesses on a separate sheet.*

**Contact details** (*where you would like all correspondence in relation to this application to be sent*).

**Name:**  
.....

**Address:**  
.....  
**P/Code:**

**Phone/Mobile:** ..... **Fax:** .....

**Email:**  
.....

**Email address of applicant if applicant not nominated as contact person:**  
.....

**APPLICATION - SECTION 2**

**STATUTORY DECLARATION**

(The name of person completing the application)

I, .....

.....  
Title (eg Director or Secretary)

.....  
(Name of Company)

.....  
(address)

.....  
Postcode:

Do solemnly and sincerely declare:

- (1) that all the information included in Section 2 of the application is true to the best of my knowledge and is in no way false, inaccurate or misleading, and I have not omitted any relevant information, and
- (2) I am familiar with the *Pharmacy Regulation Act 2010*, and I will take all reasonable steps to ensure that the company maintains the premises and conducts the pharmacy business in accordance with that Act.

*Note: You may be asked to provide additional documentation.*

I make this solemn declaration by virtue of the *Evidence (Miscellaneous Provisions) Act 1958* and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular. I understand that it is an offence under section 9 of the *Pharmacy Regulation Act 2010* to fail or refuse to give the Authority any information required under section 8 or refuse to produce any documents required under section 8 or wilfully mislead the Authority when giving the information which carries a penalty.

Signature of person making the declaration



company seal

Declared at

.....  
on this ..... day of ..... 20.....

Before me,

Signature of person before whom the declaration is made



Print name, qualification and address of person before whom the declaration is made.

Name .....

Qualification .....

Address: .....

.....  
Postcode

## APPLICATION FEE PAYMENT DETAILS

If you propose to carry on the pharmacy business pursuant to:

- a partnership agreement;
- franchise agreement;
- licence agreement (including occupancy licence);
- trust; or
- any other agreement or arrangement (for example, but not limited to an agreement with a marketing company, a management company, or a service company)

the application is treated as “complex” and the higher application fee of \$720.00 is payable.

CHEQUE payable to **Victorian Pharmacy Authority**

CREDIT CARD (CC) – VISA OR MASTERCARD ONLY – COMPLETE DETAILS:

**VISA or MASTERCARD** (Please circle)

**Credit Card Number:**

**EXPIRY DATE**   /

**CVV**

**AMOUNT**  **\$340.00\*\*** OR  **\$720.00\*\*** *Complex application – refer Appendix 2*

\*\* Amount valid for period 1 May 2019 to 30 April 2020. (These fees are exempt from GST (Division 81))

**Name on Credit Card:**

**Signature of Credit Card Holder**

### Additional TRUST OR OTHER COMMERCIAL ARRANGEMENT ASSESSMENT fee payment authorisation if applicable.

*I/we acknowledge that each commercial arrangement will be examined and may, if deemed non-compliant, require preparation of a schedule of amendments. If a commercial arrangement is deemed non-compliant I/we authorise the Authority to debit the amount of \$1,900.00 per commercial arrangement from the credit card above. The Authority will contact the applicant for confirmation before proceeding to debit the card. The trust or other commercial arrangement assessment fee is exempt from GST (Division 81).*

\_\_\_\_\_ Signed on behalf of the applicant

\_\_\_\_\_ Please print full name

Personal information on these forms is collected for the primary purpose of administering the Pharmacy Regulation Act 2010. Personal information will not be disclosed to any other person or agency unless you have given us permission, or we are required or authorised by law. For further information on collection and disclosure of personal information by the Authority, or how to request access or correction to your personal information, please refer to the Authority’s Privacy Collection Notice and Privacy Policy.