Form VP39

Victorian Pharmacy Authority
ABN 77 875 845 822
Level 2, 15-31 Pelham St Carlton Vic 3053
Tel: 03 9653 1700 Fax: 03 9653 1750 Email: enquiries@pharmacy.vic.gov.au

NOTIFICATION OF COMMENCEMENT OF A NEW PHARMACY BUSINESS & PAYMENT OF PHARMACIST OWNER LICENCE FEE

NOTIFICATION OF COMMENCEMENT

Name of owner .....

Reg No…….....

Contact email …….....

Business or trading name of the pharmacy:

.....

Proposes to, or commenced, the pharmacy business at:
(*if more than one pharmacy, please use a different form for each*)

.....

Street Address

.....

Suburb **Postcode**

.....

Premises email

on (*insert date of commencement of new ownership*):

..... / / .....

Name of the Pharmacist in charge of day to day operations of the pharmacy:

.....

Name(s) of all other owners of the pharmacy business

.....

.....

.....

Signed*: *new owner:

.....

Signature: Date:

ANNUAL LICENCE FEE PAYMENT

Enclosed is payment of the pro-rata annual licence in accordance with the fee schedule below.

Fee Schedule valid for period
1 May 2019 to 30 April 2020

Notification date	Pro-rata Licence fee
1 July to 30 September	$290.00 (full fee)
1 October to 31 December	$217.50
1 January to 31 March	$145.00
1 April to 30 June	$72.50

Payment method (*Please tick* ☑)
CHEQUE Payable to **Victorian Pharmacy Authority**

MONEY ORDER ☐
CREDIT CARD (CC) ☐

VISA or MASTERCARD ONLY
(Please circle)
Name on credit card

……..

Credit Card Number:
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Expiry Date: ☐ ☐ / ☐ ☐

CVV ☐ ☐ ☐

.....

SIGNATURE OF CREDIT CARD HOLDER

Send to: VICTORIAN PHARMACY AUTHORITY
Level 2, 15-31 Pelham St, Carlton Vic 3053 or Fax (03) 9653 1750 or Email enquiries@pharmacy.vic.gov.au

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