



**Victorian Pharmacy Authority**

ABN 77 875 845 822

Level 2, 15-31 Pelham St, Carlton Vic 3053

Tel: 03 9653 1700

Email: [enquiries@pharmacy.vic.gov.au](mailto:enquiries@pharmacy.vic.gov.au)

**NOTIFICATION OF COMMENCEMENT OF A NEW PHARMACY  
DEPARTMENT & PAYMENT OF LICENCE FEE**

**NOTIFICATION OF COMMENCEMENT**

Name of owner ..... Contact email.....

**Commenced the pharmacy department at:**

**Hospital name**.....

**Street Address**.....

**Suburb**..... **Postcode**.....

**Email**.....

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

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

.....Registration No.....

**Signed**.....

Signature:

Date:

**ANNUAL LICENCE FEE PAYMENT**

Pro-rata annual licence in accordance with the fee schedule for period **1 May 2023 to 30 April 2024**

<b>Notification date</b>	<b>Pro-rata Licence fee</b>
1 July to 30 September	\$440.00 (full fee)
1 October to 31 December	\$330.00
1 January to 31 March	\$220.00
1 April to 30 June	\$110.00

Please go to the Victorian Pharmacy Authority website [www.pharmacy.vic.gov.au](http://www.pharmacy.vic.gov.au) to pay the relevant fee under “**Forms/payments**”.

To lodge this notification of commencement form by email or post, print the receipt and attach it to this form.

**Note: This form will not be processed without the receipt of the payment.**

**Send to: VICTORIAN PHARMACY AUTHORITY**

**Level 2, 15-31 Pelham St, Carlton Vic 3053 or Email [enquiries@pharmacy.vic.gov.au](mailto:enquiries@pharmacy.vic.gov.au)**