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| Retailer Licence, Wholesaler Certificate of Registration, Manufacturer Certificate of Registration Application Form |

The Director

Medicines & Poisons Control

Department of Health **Phone:** (08) 8922 7341

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| **Type of Licence** | | | |
| ☐ **Retail Licence** | ☐ **Wholesale Registration** | | ☐ **Manufacturer Registration** |
| **Details of Nominated Person onsite** | | | |
| **Full Name (for licence document):** | | | **Date Of Birth / /** |
| **Occupation:** | | | |
| **Professional Qualifications** | | | |
| **Residential Address** | | | |
| **Postal Address** | | | |
| **Phone Number** | | **Fax Number** | |
| **Mobile Number** | | **Email Address** | |
| **📎 Attach copy of driver licence or other official photographic ID** | | | |
| **Details of Business** | | | |
| **Business Trading Name** | | | |
| **Name Of Owner(s)** | | | |
| **Australian Company Number (ACN) if relevant** | | | |
| **Nature Of Business** | | | |
| **Business Address (if more than one premises, show all addresses)** | | | |
| **Business Postal Address** | | | |
| **Phone Number** | | **Fax Number** | |
| **Mobile Number** | | **Email Address** | |
| **Name Of Business Contact** | | | |

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| **Schedule 2 Retailer only (For Medications labelled Pharmacy only)** | | | |
| State the name and address of nearest pharmacy (must not be within 25kms) | | | |
| 📎 Attach photographs of storage  S2 medications must be stored in a way that restricts public access | | | |
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| **Schedule 2, 3, 4, and 8 wholesaler and manufacturer** | | | |
| Wholesalers and manufacturers must comply with the ‘Australian code for good wholesaling practice for medicines in schedules 2, 3, 4, and 8’  <https://www.tga.gov.au/publication/australian-code-good-wholesaling-practice-medicines-schedules-2-3-4-8>  📎 Attach documents addressing the each practice point in the code. Labelled each document with the relevant practice point. | | | |
| 📎 Attach a draftsman quality site plan (1:50 or 1:100) of premises. The plan must show security relevant information such as doors, alarms, safes, security cameras etc. | | | |
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| **Schedule 7 retailer, wholesaler and manufacturer** | | | |
| 📎 Attach a draftsman quality site plan (1:50 or 1:100) of premises. The plan must show security relevant information such as doors, alarms, security cameras, storage etc. | | | |
| 📎 Attach a photograph/s of S7 storage. | | | |
| List products and attach 📎 Safety Data sheets. | | | |
| 📎 A photograph or evidence of personal protective equipment stated in the Safety Data Sheet and if applicable an antidote | | | |
| 📎 For manufacturer, the business must have documented procedures and guidelines for labelling & packaging of products? Attach a copy and provide examples of labels. | | | |
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| **Declaration** | | | |
| I understand that the holder of a licence or registration for scheduled substances must comply with the provisions of the *Medicines, Poisons and Therapeutic Goods Act,* and *Regulations,* and is responsible for the personal supervision and control of all scheduled substances, and of all employees who handle the scheduled substances, and that only a competent and reliable adult is to be permitted to handle the scheduled substances. I understand further that the licence or registration will be cancelled if I prove myself not to be a fit and proper person to be the holder under the *Medicines, Poisons and Therapeutic Goods Act.* | | | |
| **Signature of Applicant** |  | **Date** | / / |
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| **Payment Details** |
| **📎 Attach cheque or copy of receipt. All queries on payment methods are to be referred to the Receiver of Territory Monies (RTM) on (08) 8999 1606 (see Fee info sheet No. 300.2)**  ☐ Cheque (payable to Receiver of Territory Monies)  ☐ Payment by Credit Card (please call Darwin RTM (08) 8999 1606 for all credit card payments) |
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| **Amount Paid** |  | **Receipt Number** |  | | **Date Of Payment / /20** | |
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