**Regulation 101 (3)**

**Schedule XVII**

**APPLICATION FOR RENEWAL OF LICENCE TO SELL THERAPEUTIC GOODS BY RETAIL**

I ………………………………………………of …………………………………here by apply for renewal of license of the pharmacy,………………………………….situated at …………………………..

Previous licence number: ……………………..

**Part 1. Information about the location**

1.1 Address:……………………………………………………………………………………..

1.2 Medical Officer of Health (MOH) Division :……………………………………………….

1.3 Divisional Secretariat:……………………………………………………..

1.4 Existing pharmacies within the radius of 1000 meters:

|  |  |
| --- | --- |
| **Name of the pharmacy** | **Distance to the proposed pharmacy in meters** |
|  |  |
| 2. |  |
| 3. |  |

**Part 2. Business information** (check the box applicable):
2.1 Type of business:
 (i) Individual Name of business:…………………………………..

 (ii) Body corporate Name of body corporate :…………………………..

 (iii) Private limited company Name of company:…………………………………..

 (iv) Particulars of Directors / Secretary /Owners……………………….

**Part 3 Details of the applicant**:
3.1 (a) Name of applicant:………………………………
 (b) Designation :…………………………………….
 (c) National Identity Card No……………………….
 (d) Mailing address:…………………………………..

 (e) E-mail address …………………………………….
 (f) Telephone No. ……………………………………

3.2 Details of Responsible pharmacist:
 (a) Name of Responsible Pharmacist:………………………………
 (b) Sri Lanka Medical Council Registration No. …………………………………….
 (c) National Identity Card No ……………………….
 (d) Mailing address:…………………………………..

 (e) E-mail address …………………………………….
 (f) Telephone No. ……………………………………

**4. Information about the pharmacy:** 4.1 **Premises :** (a) community pharmacy (individual standalone pharmacy)
 (b) hospital premises
 (c) supermarket

4.2 Intended business hours :
 from:………………. To:………………..

4.3 Type of activities to be carried out:

 (i) Sale of (a) medicines (b) medical devices (c) borderline products (d) cosmetics

 (ii) Compounding
 (iii) Home delivery
 (iv) Dispensing e-prescriptions

**Documents to be submitted with the application:**

1. Business Registration Certificate issued by the relevant Authority
2. Any other information required as per the guidelines issued by the Authority for the establishment of a pharmacy
3. Certificate of Registration of the Responsible Pharmacist issued by the Sri Lanka Medical Council (SLMC)
4. Proof of academic qualifications based on which the SLMC registration was granted
5. 3.5 cm X 4.5 cm size photograph of the Responsible Pharmacist

**Declaration**

I, the undersigned, certify that all information in this application for licence of a pharmacy to sell therapeutic goods by retail on the above mentioned premises is true and correct.

I understand that I have the responsibility to inform the Authority with immediate effect of any change to the information provided in this application.

Signature:………………………………………………….

Applicant:……………………………….

Name :……………………………………………………..
Designation:………………………………………………….

Date:………………………………………………………….