Schedule XV

APPLICATION FOR NEW LICENCE FOR SELL THERAPEUTIC GOODS BY RETAIL

For office use: _____ Reference No: _____

I/We,…….....……..……..……..……..of……..…..……
……..…..……here by apply for a license to establish a pharmacy on premises situated at……

Name of the pharmacy: ……

Part 1

1. Information about the proposed location

1.1 Address

1.2 District

1.3 Divisional Secretariat

1.4 Medical Officer of Health (MOH) Division

1.5 Premises ready date for inspection

*This date should be at least 3 weeks before the intended opening date

1.5 Existing pharmacies within the legal route of 750 meters:

Name of the pharmacy	Distance of the intended location to existing pharmacies within 750 meters.
1.	
2.	
3.	

*Printed copy of the Scaled Google Map showing the distance to the nearest pharmacies situated within the legal route of 750 meters of the pharmacy should be attached

Part 2

2. Business information (Check the box applicable)

2.1 Type of business (Select the appropriate business type and continue)

(i) Sole owner (proprietor) ☐ (ii) Partnership ☐

(iii) Corporation ☐ (iv) Private Limited Company ☐

2.2 Business Registration Certificate number (If applicable)

2.3 Particulars of Owner/Partnership/Corporation/Private Limited Company

i) Name of the Owner/Partnership/Corporation/Private Limited Company

ii) Contact details

Permanent Address	
Telephone No	
E-mail Address	

iii) Name of Partners/Directors (If Partnership/Corporation/Private Limited Company available)

01	
02	
03	
04	

*Nominated as correspondence partner should indicate first
*Please continue on a separate sheet if necessary

Part 3

3. Details of the applicant (This applies only to the applicant applying on behalf of Corporation/ Private Limited Company)

Name	
Designation	
Permanent address	
National Identity Card No	
Telephone No	
E-mail address	

For Office Use Only:

Inspection Date: _____

Remarks: _____

_____

Approval for Location

Committee Date: _____

Remarks: _____

_____

Approved: ☐ Approved with Conditions: ☐ Rejected: ☐

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Part 4

4. Information about the pharmacy

4.1 Premises/Nature of business

(a) Community pharmacy (individual standalone pharmacy) ☐

(b) Hospital premises ☐

(c) Supermarket ☐

4.2 Intended business hours

From:……..……... To:……

4.3 Details of the responsible pharmacist

Name	
Permanent address	
Sri Lanka Medical Council Registration No	
National Identity Card No	
Telephone No	
E-mail address	

4.4 Registered pharmacy services and activities

A. Allocated area in square feet (ft^2)

a) Total floor area:_____

i) Separate lockable area for Prescription Only Medicines (POM):_____

ii) For other Medicines: _____

iii) Patients waiting area: _____

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B. Please indicate below the services you intend to provide from your premises.

a) The sale of Medicines
☐ Yes ☐ No Allocated area in Sq. ft: _____

b) The sale of Veterinary Medicines
☐ Yes ☐ No Allocated area in Sq. ft: _____

c) The sale of Medical Devices
☐ Yes ☐ No Allocated area in Sq. ft: _____

d) The sale of Cosmetic Products
☐ Yes ☐ No Allocated area in Sq. ft: _____

e) The sale of Borderline Products
☐ Yes ☐ No Allocated area in Sq. ft: _____

f) The sale of Grocery items
☐ Yes ☐ No Allocated area in Sq. ft: _____

g) Home Delivery
☐ Yes ☐ No Allocated area in Sq. ft: _____

If yes,
Name of the responsible pharmacist for online services: _____
(*An additional responsible pharmacist should be appointed for the online services*)

SLMC Registration No: _____

Type of vehicle used for home delivery: _____

Vehicle Number: _____

h) Online order/ Dispensing e-prescriptions
☐ Yes ☐ No Allocated area in Sq. ft: _____

If yes , Website address _____

C. Please indicate below any other activities that may be performed at the premises.

a) Pre-packing or assembly of medicines, this can be for the purpose of supply from your proposed registered pharmacy or breaking down bulk containers into quantities more appropriate for use against prescriptions

☐ Yes ☐ No Allocated area in Sq. ft: _____

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b) To assemble and /or prepare medicines in extemporaneously prepare medicines in accordance with a prescription/ compounding

☐ Yes ☐ No Allocated area in Sq. ft: _____

c) Patients education and information on health condition and drug therapy; the education component included medication counselling on all prescribed medication

☐ Yes ☐ No Allocated area in Sq. ft: _____

d) Other (please specify any other registerable activity you intend to carry out below)

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.

…….. Date

……. Signature of Applicant

For Office Use Only:

Inspection Date: _____

Remarks: _____

_____

Approval for Premises Registration

Committee Date: _____

Remarks: _____

Approved: ☐ Approved with conditions: ☐ Rejected: ☐

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Important information

- **Registration process**
  The registration of a pharmacy premises will take up to 6 months to process from the point that we receive a fully completed application is received to NMRA.

- **Names of Directors – Body Corporate**
  If the NMRA does not hold a current list of Directors for the Body Corporate that is making the application, it will be required that a list of all Directors be submitted with this application.

- **Plans**
  The plans you submit should:
  - Identify the dimensions of the registered area (Please indicate area in ft^2)
  - Be drawn to scale.
  - Identify the dimension of the dispensary (Please indicate area in ft 2)
  - Clearly show the internal layout showing the areas in which medicinal products are intended to be sold or supplied, assembled, prepared, dispensed or stored.
  - Detail any other relevant information including access points.

- **Extensions or alterations**
  If you intend to alter the registered pharmacy premises by making a change to the layout or a physical alteration to the structure of the registered premises, you are required to get advice from the NMRA for the planned change. Please submit one set of scaled plans. **A new premises application is not required.**

  If the planned alterations extend into an entirely new building, or where the proposed extension does not coincide with a proportion of the registered area of the existing registered premises, then an **entirely new premises application is required.**

- **Death or bankruptcy**
  Please contact the NMRA.

- **Registerable activities**
  If you propose to wholesale, assemble or manufacture medicines and if it is likely that these activities could constitute more than an inconsiderable part of the business of the proposed registered pharmacy then you will be required to apply for the appropriate license at NMRA to cover these activities.