

Application for a General Licence to Sell Poisons

(please refer to the **Fact sheets** at the back of this form when completing this application)

| | |
|--|--------------------------|
| Are you: <input type="checkbox"/> a sole trader or in business partnership? Complete section 1 then go to 3 | Licence no: POI-C |
| <input type="checkbox"/> an incorporated company? Go to section 2 | Office Use Only: |

1. Applicant details

Individual / Partner 1

| | |
|---|--|
| Given names <i>(do not abbreviate)</i> | Surname <i>(include maiden name if married)</i> |
| The licence will be issued in the name(s) recorded above | |
| Date of birth | Birthplace |
| | Town |
| | Country |
| Residential address | |
| Telephone | Mobile |
| Private postal address <i>(for all correspondence)</i> | |

Partner 2

If more than two partners, please attach required details for each partner. The licence will be issued in the name(s) of all partners.

| | |
|---|--|
| Given names <i>(do not abbreviate)</i> | Surname <i>(include maiden name if married)</i> |
| Date of birth | Birthplace |
| | Town |
| | Country |
| Residential address | |
| Telephone | Mobile |
| Private postal address <i>(for all correspondence)</i> | |

2. Corporate applicant

| |
|---------------------------|
| Company name |
| Australian company number |
| |

The licence will be issued in the name recorded above

Director 1

| | |
|---|--|
| Given names <i>(do not abbreviate)</i> | Surname <i>(include maiden name if married)</i> |
| Date of birth | Birthplace |
| | Town |
| | Country |
| Residential address | |
| Telephone | Mobile |

| | | | |
|---|-----------------|--|-----------------|
| Director 2 | | | |
| Given names <i>(do not abbreviate)</i> | | Surname <i>(include maiden name if married)</i> | |
| Date of birth | | Birthplace | Town Country |
| Residential address | | | |
| Telephone | | Mobile | |
| 3. Business address | | | |
| Business name | | | |
| Street address | | | |
| Postal address <i>(for all correspondence)</i> | | | |
| Contact person | | | |
| Telephone <i>(not mobile)</i> | | Fax | |
| E-mail address | | | |
| 4. Storage premises of drugs / poisons | | | |
| Business name | | | |
| Street address <i>(include shed/unit number)</i> | | | |
| Telephone <i>(not mobile)</i> | | | |
| Please complete the following: | | | |
| <ul style="list-style-type: none"> Is this licence for the sale of Schedule 2 poisons aboard a vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 5. Disclosure | | | |
| Has the applicant/s or directors in the case of a company: | | | |
| <ul style="list-style-type: none"> been convicted of an indictable offence? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: Drink driving and minor traffic offences are not indictable offences.</i> been convicted of an offence against the <i>Health Act 1937</i> or a corresponding interstate law? <input type="checkbox"/> Yes <input type="checkbox"/> No held a licence under the <i>Health (Drugs and Poisons) Regulation 1996</i> that was suspended or cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <i>If YES, please attach documentation that provides details of the offence, the nature of the offence and the circumstances of its commission. Applicants are advised that in order to ensure the requirements of Section 15 of the Health (Drugs and Poisons) Regulation 1996 are met, Queensland Health may in certain circumstances, provide the information contained in this application to relevant external agencies.</i> | | | |
| 6. Payment of fee | | | |
| Prescribed fee | \$265.00 | ▶ Refunds: See <i>Fact Sheet</i> <input type="checkbox"/> Tick box if receipt required | |
| <input checked="" type="checkbox"/> 1 box only <input type="checkbox"/> Cheque or Money Order enclosed <i>(payable to Queensland Health)</i> <input type="checkbox"/> Payment by Credit Card <i>(see last page)</i> | | | |
| Note: This is a GST free item. Queensland Health ABN 66 329 169 412 | | | |

7. Declaration

- I/We declare that where the licence pertains to a premise, that the premise address is more than 25 kilometres by road from a pharmacy.
- I/We declare that where the licence pertains to a vessel, that the sale of Schedule 2 substances will only be made whilst the vessel is offshore.
- I am/We are familiar with the relevant provisions of the Health (Drugs and Poisons) Regulation 1996 (see information at www.legislation.qld.gov.au).
- I/We declare that the information stated in this application form is true and correct.

| | | | |
|-----------------------------|--|-----------------|--|
| Signature 1 | | Date | |
| | | Position | |
| Print full name here | | | |
| Signature 2 | | Date | |
| | | Position | |
| Print full name here | | | |

Credit card payments

- This page should only be completed if payment is being made by MasterCard, Bankcard or Visa Card.
- *American Express* is not available.
- Please ensure that this page is returned with the application if paying by this method.

| | | | | | | | | | | | | | | | | |
|---|-------------------------------------|--|---|--|--|--|--|--|--|--|-------------|--|--|--|--|--|
| Name of applicant | | | | | | | | | | | | | | | | |
| Prescribed fee <i>Amount at section 6</i> | \$ | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> <i>1 box only</i> | <input type="checkbox"/> Mastercard | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Bankcard | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Visa card | | | | | | | | | | | | | | | |
| Card no | | | | | | | | | | | | | | | | |
| Expiry date | | | / | | | | | | | | | | | | | |
| Name on card <i>(please print)</i> | | | | | | | | | | | | | | | | |
| Signature of cardholder | | | | | | | | | | | Date | | | | | |