



## Application for a Licence to Sell Controlled Drugs by Wholesale

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

- Are you:  a sole trader or in business partnership? Complete Question 1 then go to Question 3  
 an incorporated company? Go to Question 2

Licence no: **POI-R**

Receipt no:

Client no:

### 1. Applicant details

#### Individual / Partner 1

Given names <i>(do not abbreviate)</i>		Surname <i>(include maiden name if married)</i>	
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The licence will be issued in the name(s) recorded above

Date of birth		Birthplace	Town	
			Country	

Residential address

Telephone		Mobile	
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Private postal address  
*For all correspondence*

#### Partner 2

Given names <i>(do not abbreviate)</i>		Surname <i>(include maiden name if married)</i>	
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If more than two partners, please attach required details for each partner. The licence will be issued in the name(s) of all partners.

Date of birth		Birthplace	Town	
			Country	

Residential address

Telephone		Mobile	
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Private postal address  
*(for all correspondence)*

### 2. Corporate applicant

Company name	
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Australian company number	
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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>	
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Date of birth		Birthplace	Town	
			Country	

Residential address

Telephone		Mobile	
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<b>Director 2</b>			
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	
<b>3. Business address</b>			
Business name			
Street address			
Postal address			
Contact person			
Telephone <i>(not mobile)</i>		Fax	
E-mail address			
<b>4. Storage premises of drugs / poisons</b>			
Business name			
Street address <i>(include shed/unit no)</i>			
Telephone <i>(not mobile)</i>			
<b>5. Disclosure</b>			
Has the applicant(s):			
• been convicted of an indictable offence? <i>(Drink driving and minor traffic offences are not indictable offences)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• been convicted of an offence against the <i>Health Act 1937</i> or the <i>Health (Drugs and Poisons) Regulation 1996</i> or a repealed provision or a corresponding law?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• held an licence granted under the <i>Health (Drugs and Poisons) Regulation 1996</i> or a repealed provision or a corresponding law that was suspended or cancelled?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• ever been refused a licence under the <i>Health (Drugs and Poisons) Regulation 1996</i> or a repealed provision or a corresponding law?		<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>			
<b>6. Payment of fees</b>			
Prescribed fee	<b>\$562.50</b>	▶ Refunds: See <i>Fact Sheet</i> <input type="checkbox"/> Tick if receipt required	
<input checked="" type="checkbox"/> <i>1 box only</i> <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>			
<b>Note:</b> This is a GST free item. Queensland Health ABN 66 329 169 412			

## 7. Declaration

I/We declare that the information stated by me on this application form is true, correct and complete  Yes  No

I/We consent to the making of enquiries of, and the exchange of information with the authorities of any State, Territory or Commonwealth regarding any matters relevant to this application.  Yes  No

I / We have read, understand and agree to comply with the provisions of Chapter 2 Parts, 1, 2, 3, 5, 7, 8 and 10 as required under the relevant provisions of the *Health (Drugs and Poisons) Regulation 1996* (legislation available online at [www.legislation.qld.gov.au](http://www.legislation.qld.gov.au))  Yes  No

I / We declare that the information stated in this application form is true and correct.  Yes  No

I / We declare that actual Schedule 8 controlled drugs will at all times be under the personal supervision of a competent and responsible adult  Yes  No

I / We apply for a *Licence to Sell Controlled Drugs by Wholesale* in respect of Schedule 8 drugs and enclose the prescribed fee identified at section 6.  Yes  No

<b>Signature 1</b>		<b>Date</b>	
		<b>Position</b>	
Please print full name here			
<b>Signature 2</b>		<b>Date</b>	
		<b>Position</b>	
Please print full name here			

## 8. Please complete one of the following options

I intend to sell the following class(es) of controlled drugs by wholesale

- controlled drugs for human therapeutic use
- controlled drugs for agricultural and/or veterinary use
- both of the above.

## 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 only if paying by this method. Do not return this page if payment is being made by cheque or money order.

Name of applicant

Prescribed fee  
*Amount at section 6*

\$

1 box only

Mastercard

Bankcard

Visa card

Card no

Expiry date

Name on card  
*(Please print)*

*Signature*  
of cardholder

*Date*