

Application Guide for a Licence to Sell Controlled Drugs by Wholesale

1. The information has been prepared to assist you in applying for a *Licence to Sell Controlled Drugs by Wholesale*. Following this advice will enable timely consideration of your application.
2. When you complete the form, please print clearly and answer all questions in full.
3. Applications are processed only when all the information requested is provided. You will be notified by mail if the licence is granted.
4. All forms requiring a signature must bear the original signature in ink. **Queensland Health is not able to accept a photocopy, facsimile (fax) or emailed copy of the completed form. Applications must be forwarded by POST to the address provided below.**

How to complete an application

Use the checkbox below as you complete the application form to ensure that you have provided the necessary particulars.

Question 1

- Sole trader*. Names are to be advised *in full* and exactly as they appear on each applicant's *birth certificate*. If you have ever been known by any other name, attach any copies of documentation that provides for formal changes of name ie. *deed poll, marriage certificate* etc.
- Business partnerships*. Provide the details of *all* partners in the business. Names are to be *in full* and exactly as they appear on each person's *birth certificate*. If either person has ever been known by any other name, attach any copies of documentation that provides for formal changes of name ie. *deed poll, marriage certificate* etc.

Question 2

- Incorporated companies*. Advise the name that appears on the *Certificate of Incorporation* issued by the Australian Securities and Investment Commission (ASIC). Attach a copy of the document to the application only if it has not previously been provided.
- Provide the Australian Company Number (ACN) as it appears on the *Certificate of Incorporation*.
- Provide the details of at least two (2) directors of the company. Names are to be advised *in full* and exactly as they appear on each applicant's *birth certificate*. If you have ever been known by any other name, attach any copies of documentation that provides for formal changes of name ie. *deed poll, marriage certificate* etc.

Question 3

- Attach a copy of the *Business Names Extract* issued under the *Business Names Act 1962*.
- Provide the name and telephone number of the person responsible for licence processing.

Question 5

If you have answered *yes* at any checkbox, attach copies of the following documents –

- Certificate of conviction / court or tribunal order / police records search.
- ASIC Order preventing individual from managing a corporation.

Question 6

- Payment of the prescribed fee is attached. Payment can be made by cheque or money order made payable to Queensland Health. Credit card transaction is also acceptable using MasterCard, Bankcard or Visa card only. American Express cannot be processed.

Question 7

- The form is signed and dated by all persons named at either Question 1 or Question 2.

Question 8

- Please complete section where indicated.

Credit Card Payments

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

- The card no. is accurate and legible. ¹ Do not overwrite any digits.
- The expiry date is completed and the card has not lapsed. ¹ Do not overwrite any digits.
- The cardholder has signed and dated the form.

¹ If an error is made, cross through the digit using a single line, write the correct digit above and initial the change.

General information

1. It is unlawful for a person, business partnership or incorporated company to possess or sell Schedule 8 drugs in Queensland unless that person, business partnership or incorporated company is the holder of a current *Licence to Sell Controlled Drugs by Wholesale* issued by Queensland Health, in respect of the premise(s) located in Queensland from where those substances are being sold by wholesale or are intended to be sold by wholesale.
2. A person, business partnership or incorporated company must make a separate application and correct payment of the prescribed fee for each premise located in Queensland from where Schedule 8 drugs are being sold by wholesale or are intended to be sold by wholesale.
3. Each page of any photocopied official documents that are submitted in support of this application **must bear the certification and original signature of an authorised Identifier** ie. Justice of the Peace, Commissioner for Declarations, doctor, police officer, solicitor or an officer from one of Queensland Health's Public Health Units (PHU). PHU contact details are located at www.health.qld.gov.au/cho. Queensland Health cannot accept documents that bear a photocopied or facsimile (fax) copy of the certification or signature.
4. Refunds
Queensland Health can only provide a refund if:
 - (a) the application is refused by the Chief Executive
 - (b) the application is withdrawn by the applicant before a decision is made.
5. Further information, as it applies to medicines and poisons, may be available from Queensland Health's Drugs & Poisons Policy & Regulation website at www.health.qld.gov.au/ph/ehu/drugs_poisons.asp.

The application must be returned to –

Senior Licensing Officer
Drugs & Poisons Policy & Regulation Unit
Environmental Health Branch
PO Box 2368
FORTITUDE VALLEY Q 4006
Tel: (07) 3328 9310

Do not return this fact sheet with the application