

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

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

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

Licence no: **POI-W**

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

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):			
<ul style="list-style-type: none"> <li>been convicted of an indictable offence? <i>Note: Drink driving and minor traffic offences are not indictable offences.</i></li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>been convicted of an offence against the <i>Health Act 1937</i> or a corresponding interstate law?</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>held a licence under the <i>Health (Drugs and Poisons) Regulation 1996</i> that was suspended or cancelled?</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<p><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></p>			
<b>6. Payment of fees</b>			
Prescribed Fee	<b>\$ 562.50</b>	▶ Refunds: See <i>Fact Sheet</i>	<input type="checkbox"/> Tick box 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 apply for a *Licence to Sell Restricted Drugs by Wholesale* in respect of *Schedule 4* drugs and enclose the prescribed fee identified at section 6.
- The actual sale of *Schedule 4* restricted drugs will at all times be under the personal supervision of a competent and responsible adult.
- I am / We are familiar with the provisions of Chapter 3 Parts, 1, 2, 3, 5, 7, 8 and 10 of the *Health (Drugs and Poisons) Regulation 1996* (see [www.legislation.qld.gov.au](http://www.legislation.qld.gov.au)).
- I / We declare that the information stated in this application form is true and correct.

<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 sections

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

- Restricted drugs for human therapeutic use
- Restricted drugs for agricultural and/or veterinary use
- Medical gases only
- Both

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