



## Victorian Pharmacy Authority

Level 2, 15-31 Pelham St

Carlton Vic 3053

Tel: 03 9653 1700

Email: [applications@pharmacy.vic.gov.au](mailto:applications@pharmacy.vic.gov.au)

# APPLICATION FOR A LICENCE TO CARRY ON A PHARMACY BUSINESS

[SECTION 36 PHARMACY REGULATION ACT 2010]

## INFORMATION SHEET

Applicants should complete the application form that corresponds to their eligibility status.

Applications may be lodged by post or email. Faxed applications will not be accepted. If emailed, separate documents are to be submitted as separate PDF files. Emailed applications may only be sent to [applications@pharmacy.vic.gov.au](mailto:applications@pharmacy.vic.gov.au).

A separate application is required for each business premises in which the applicant seeks a licence to carry on a pharmacy business.

**Form VP11** – to be completed when the applicant is a registered pharmacist.

**Form VP12** – to be completed when the applicant is a company registered under the Corporations Act:

- (i) whose directors are all registered pharmacists; and
- (ii) in which all the shares and the beneficial and legal interest in those shares are held by registered pharmacists.

**Form VP13** – to be completed when the applicant is a company registered under the Corporations Act that:

- (i) immediately before 1 July 1999 was registered or incorporated as a Friendly Society under a Friendly Societies Code of a State or Territory that was in force at that time; and
- (ii) is a company limited by guarantee or shares or by guarantee and shares; and
- (iii) has at least 100 members; and
- (iv) whose members have equal voting rights on a poll or at a meeting or equal voting rights to elect a representative to vote on their behalf; and
- (v) whose objects include the provision of health or welfare facilities or services for its members or their dependants; and
- (vi) whose undistributed surplus if the company were wound up is to be distributed among its members at the time of winding up or transferred to another person or body with a similar structure and objects; and
- (vii) is able to satisfy the Authority that:
  - the company is not carrying on business for the dominant purpose of securing a profit or pecuniary gain for its members; and
  - any object or intention of the company to provide a dividend to its shareholders or members is a limited and not dominant purpose of the company; and
  - the property and income of the company is applied towards the objects of the company

**Form VP14** – to be completed when the applicant is a company registered under the Corporations Act that is a wholly owned subsidiary of a company referred to in VP13 above

**Form VP15** – to be completed when the applicant is a company registered under the Corporations Act that-

- (i) satisfies the requirements of VP13 (ii) to (vii) above; and
- (ii) is an amalgamation of 2 or more companies that comply with VP13 above.

**Form VP 17** – To be completed when the applicant is a registered funded agency, registered community health centre, private hospital, or privately-operated hospital within the meaning of the Health Services Act 1988 that is acting in accordance with the provisions of the Health Services Act 1988.

Any other entity should contact the office of the Victorian Pharmacy Authority for further information regarding the appropriate application process.



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## Form VP13

# APPLICATION FOR A LICENCE TO CARRY ON A PHARMACY BUSINESS

[SECTION 36 PHARMACY REGULATION ACT 2010]

To be completed when the applicant is a company that conforms to Part C of the Information Sheet that accompanies the application form.

**A statutory application fee is required with this application.**

*The application fee covers the assessment of the application including an inspection of the pharmacy. The fee does not cover the statutory annual licence fee.*

***Under the Oaths and Affirmations Act 2018, it is an offence to make a statement in a statutory declaration that the person knows to be untrue. A person who commits that offence can be liable to a maximum penalty: 600 penalty units or imprisonment for 5 years or both.***

*Personal information on this form is collected for the primary purpose of administering the Act. Personal information will not be disclosed to any other person or agency unless you have given us permission, or we are required or authorised by law. For further information on collection and disclosure of personal information by the Authority, or how to request access or correction to your personal information, please refer to the Authority's Privacy Collection Notice and Privacy Policy.*

(To be completed by a Director or the Company Secretary)

**1.1 Name of company and address of registered office:**

.....

**1.2 Name, address of all Directors:**

Name

Registration No.

Address

.....

Name

Registration No.

Address

.....

.....

Name Registration No.

Address

(If insufficient space please provide a list of all Directors on a separate sheet.)

- 1.3 Does the company have at least 100 members? YES / NO**
- 1.4 Attach documentary evidence to show that immediately before 1 July 1999 the company was registered or incorporated as a friendly society under a Friendly Societies Code of a State or Territory that was in force at that time**
- 1.5 Attach a copy of a current ASIC Company Extract of the company listed above**  
(Refer [www.asic.gov.au](http://www.asic.gov.au))  
**Note: The ASIC Company extract should be dated within 5 business days of lodging the application. It provides details on the office bearers and shareholders.**
- 1.6 Attach a copy of the company's Constitution or Memorandum and Articles.**
- (i) List or highlight the clauses that give the members equal voting rights at a poll or at a meeting.
  - (ii) List or highlight the clauses that give the members equal voting rights to elect a representative to vote on their behalf.
  - (iii) List or highlight the clauses that state that the objects of the company include the provision of health or welfare facilities or services for its members or their dependants.
  - (iv) List or highlight the clauses that state that any undistributed surplus if the company were wound up is to be distributed among its members at the time of winding up or transferred to another person or body with a similar structure and objects.
- 1.7 Attach a statement or other evidence to demonstrate that:**
- (a) the company is not carrying on business for the dominant purpose of securing a profit or pecuniary gain for its members; and
  - (b) any object or intention of the company to provide a dividend to its shareholders or members is a limited and not dominant purpose of the company; and
  - (c) the property and income of the company is applied towards the objects of the company.
- 1.8 List the business or trading name and address of every other pharmacy business that the Applicant Company owns or in which it has a proprietary interest. ('Proprietary interest' means a legal or beneficial interest and includes a proprietary interest as a sole proprietor, as a partner, as a director, member or shareholder of a company and as a trustee or beneficiary of a trust). (IF NONE WRITE "NONE")**

1.

P/Code

2.

P/Code

3.

.....

**P/Code**

4.

.....

**P/Code**

*(If insufficient space please provide a list of all other pharmacy businesses on a separate sheet.)*

**1.9 Indicate the reason for your application:**

The company is intending to (Tick one):

- Establish a new pharmacy business, or
- Relocate your existing pharmacy business to new premises, or
- Purchase an existing pharmacy business, or
- Purchase a partnership in an existing pharmacy business, or
- Other.

If Other,  
specify:

.....

**1.10 Address of the premises at which the pharmacy business is to be carried on:**

Address:

.....

.....

**P/Code**

.....

**Important Note:**

The applicant must not establish or carry on a pharmacy business until the Authority has approved the premises of the pharmacy business. If the Authority has not registered the premises you may apply for registration by submitting an **'Application for registration of pharmacy premises'**. The application form may be obtained from the Authority's offices or website [[www.pharmacy.vic.gov.au](http://www.pharmacy.vic.gov.au)].

**1.11 If relocating the pharmacy business from existing premises, state the address of the existing premises at which the business is carried on.**

.....

**P/Code**

.....

**1.12 Write if the Applicant Company will carry on the pharmacy business as a sole proprietor or in partnership with other persons and or registered companies. If in partnership also list the partners.**

.....

.....

.....

.....

**If the business is to be carried on by a partnership attach a copy of the Partnership Agreement. (If you are unable to attach a copy of the partnership agreement state why and when it will be forwarded).**

.....

**1.13 Will any persons or companies other than the applicant company and partners listed in 1.12 above have a proprietary interest in the pharmacy business? ('Proprietary interest' means a legal or beneficial interest and includes a proprietary interest as a sole proprietor, as a partner, as a director, member or shareholder of a company and as a trustee or beneficiary of a trust [S3]. A person is not treated as having a proprietary interest in a company referred to in section 5(1)(c), (d) or (e) of the Pharmacy Regulation Act 2010 in respect of an interest as a director, member or shareholder of that company)**

**YES / NO** (Circle appropriate answer.)

**If YES please list:**

**1.** Name:

Address:

**2.** Name:

Address:

**3.** Name:

Address:

If insufficient space please provide a list of all other persons or companies with a proprietary interest in the pharmacy business on a separate sheet.

**1.14 List the name and address of all other companies and persons with whom the applicant company intends to enter into a Service Agreement that relates to the carrying on of the pharmacy business e.g. Marketing or management companies. (IF NONE WRITE "NONE").**

.....  
**P/Code**

.....  
**P/Code**

.....  
**P/Code**

.....  
**P/Code**  
.....

**Attach a copy of each Service Agreement.** *(If you are unable to attach a copy of the Service Agreement state why and when it will be forwarded).*

.....  
**1.15 Will the applicant be the Trustee of a Trust that operates in association with the pharmacy business?**

**Write YES or NO**

.....  
**If YES:**  
**State the name of each Trust and attach a copy of the Trust Deed.**  
.....  
.....

**Contact details** *(where you would like all correspondence in relation to this application to be sent)*

**Name:**  
.....

**Address:**  
.....

**P/Code:**  
.....

**Phone/Mobile:**  
.....

**Fax:**  
.....

**Email:**  
.....  
.....

### STATUTORY DECLARATION

|  |   |
|--|---|
| Insert the name, address and occupation of the person making the declaration   | I, _____<br><div style="text-align: right;">(The name of person completing application)</div> _____<br><div style="text-align: right;">(Title e.g. Director or Secretary)</div> _____<br><div style="text-align: right;">(Name of Company)</div> of _____<br><div style="text-align: right;">(Address)</div> _____<br><div style="text-align: right;">(Address)</div> _____<br><div style="text-align: right;">(Occupation)</div>   |
| The matter declared  | make the following statutory declaration under the Oaths and Affirmations Act 2018:<br><br>1. <b>All</b> the information included in the application is true to the best of my knowledge and is in no way false, inaccurate, or misleading;<br>2. I have not omitted any relevant information from this application; and<br>3. I will conduct the pharmacy business in accordance with the <i>Pharmacy Regulation Act 2010</i> .<br><br><b>I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.</b> |
| Signature of person making the declaration   | _____<br><div style="text-align: right;">(Signature)</div>  |
| Place (City, town or suburb)   | <b>Declared at</b> _____ <b>In the state of Victoria</b>  |
| Date   | On: _____   |
| Signature of authorised statutory declaration witness  | <b>I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:</b><br><br>_____<br><div style="text-align: right;">(Signature of Statutory Declaration witness)</div>   |
| Date   | On: _____<br><div style="text-align: right;">(Date)</div>   |
| Name, capacity in which authorised person has authority to witness statutory declaration, and address (writing, typing or stamp) | _____<br><div style="text-align: right;">(Name)</div> _____<br><div style="text-align: right;">(Capacity in which authorised person has authority to witness statutory declaration)</div> _____<br><div style="text-align: right;">(Address)</div> _____<br><div style="text-align: right;">(Address)</div>   |
|  | A person authorised under section 30(2) of the Oaths and Affirmations Act 2018 to witness the signing of a statutory declaration  |

## PROVISION OF INFORMATION TO THE DEPARTMENT OF HEALTH (DOH)

**Do you permit the VPA to provide to DOH any copies of letters that advise the applicant that their application has been approved or that a licence has been granted?** DOH may have regard to the information provided when considering the granting of a PBS approval number.

(Tick one)

- Yes  
 No

**Note:**

- If you answer NO, the Authority will not forward correspondence to the DoH.
- The Authority assumes no responsibility for sharing information with the DoH and does so as a courtesy to the Applicant only.

## APPLICATION FEE PAYMENT DETAILS

*The statutory application fee for a standard application is \$340.00*

*The statutory application fee for a complex application is \$720.00*

*Fees are exempt from GST (Division 81) and valid for period of 1 May 2020 to 30 April 2021.*

*An application is deemed to be complex if you propose to carry on the pharmacy business pursuant to one or more of:*

- *partnership agreement;*
- *franchise agreement;*
- *licence agreement (including occupancy licence);*
- *trust; or*
- *any other agreement or arrangement (for example, but not limited to an agreement with a marketing company, a management company, or a service company).*

*Refer to Appendix 1*

## APPLICATION FEE PAYMENT

Please go to the Victorian Pharmacy Authority website [www.pharmacy.vic.gov.au](http://www.pharmacy.vic.gov.au) to pay the application fee under "Forms/Payments".

Email the completed form & payment receipt together to [applications@pharmacy.vic.gov.au](mailto:applications@pharmacy.vic.gov.au)

**Note:** This application will not be processed unless the correct application payment receipt is attached.



## **IMPORTANT INFORMATION – ADDITIONAL TRUST OR OTHER COMMERCIAL ARRANGEMENT ASSESSMENT / FEE PAYMENT**

*All commercial agreements including trust deeds will be examined by an Authority officer for an initial assessment for compliance with the Act. If the document initially appears to be non-compliant, a more detailed assessment may be required (**Further Assessment**). This process includes a closer review of the document in question and the preparation of a schedule of suggested amendments to bring the document into compliance with the Act. The applicant will incur an additional fee for this Further Assessment of **\$1,900.00 per commercial document required to be Further Assessed** (exempt from GST).*

*If the applicant does not wish to proceed with the Further Assessment, then the application will be considered by the Authority in its current form.*

*Please note that the Further Assessment and any suggested amendments or comments arising from it do not constitute legal advice, and will relate **only** to the issue of compliance with the Act.*

*Applicants will need to consider for themselves, or seek legal advice regarding, the effect of any amendments in the context of the proposed commercial arrangements as a whole.*

*Please also note that the Further Assessment does not guarantee that the Authority will ultimately approve the proposed commercial arrangements.*

*See commercial arrangement guidance available at [www.pharmacy.vic.gov.au](http://www.pharmacy.vic.gov.au).*

**APPENDIX 1****VP13 APPLICATION: DOCUMENTS REQUIRED**

| <b>Document Description</b>   | <b>Tick applicable documents in each column</b> |  |
|---|---|--|
|   | <b>Column 1</b>                                 | <b>Column 2</b>                        |
| Current ASIC Company Extract (dated within a 5 business days of the application)  | <input type="checkbox"/>                        |  |
| Copy of sale agreement  | <input type="checkbox"/>                        |  |
| Copy of Partnership Agreement   |   | <input type="checkbox"/>               |
| Copy of Trust Deed and any amendments to the Trust Deed   |   | <input type="checkbox"/>               |
| Copy of an ownership structure diagram  | <input type="checkbox"/>                        |  |
| Copy of Title to the property, Lease including any Sub-Lease or Transfer of Lease   | <input type="checkbox"/>                        |  |
| Copy of any loan agreements   | <input type="checkbox"/>                        |  |
| Copy of Mortgage agreements   | <input type="checkbox"/>                        |  |
| Copy of Guarantee documentation   | <input type="checkbox"/>                        |  |
| Evidence of self-funding  | <input type="checkbox"/>                        |  |
| Copy of franchise agreements  |   | <input type="checkbox"/>               |
| Copy of Licence agreement (including occupancy licence agreement)   |   | <input type="checkbox"/>               |
| Copy of any other agreement or arrangement (for example, but not limited to an agreement with a marketing company, a management company, or a service company)? |   | <input type="checkbox"/>               |
| <b>Application fee payable</b>  | \$340.00 if <b>only</b> ticks in column 1.      | \$720 if <b>any</b> ticks in column 2. |