



PHARMACY COUNCIL

P.O. Box CP 6134
Conway Post Office
Castries LC 04 301

Tel: (758) 468-5311

Mobile (758) 461-2668

Email: pharmacycouncilslu@gmail.com

Website: www.pharmacycouncilslu.org

INSTRUCTIONS: Applicant: Fill out the following blanks. Type or print in ink. Return to the PHARMACY COUNCIL at the address listed above.

FOR OFFICE USE ONLY	
Receipt number	
Fee \$375	Date
Registration number	
Date inspected	Date issued

APPLICATION FOR REGISTRATION AS AN AUTHORISED SELLER OF POISONS

Name of business				
Address of business				
Telephone number			Fax	
Email			Mailing address	
Are you a	<input type="checkbox"/>	Chain	<input type="checkbox"/>	Corporation
Ownership				
<input type="checkbox"/>	Corporation (Name and address of Corporation officers and registered agent)	<input type="checkbox"/>	Individual owner, trustee or receiver (Enter name, title and address below)	<input type="checkbox"/>
<input type="checkbox"/>	Partnership (List below names and addresses of the share holders)			
Name	Title	Mailing Address	Telephone Number	Social Security Number

List of poisons to be sold (Please provide a detailed list)	_____
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Has the owner, or any corporation officer or partner been convicted of an offence involving moral turpitude, a felony offence, or any drug-related offence or has any currently pending felony or drug-related charges, and if so indicate charge, conviction date, jurisdiction and location.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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I, _____ hereby swear or affirm under the penalties of perjury that the statements
(Name of owner)
made in this application for Registration as an Authorised Seller of Poisons are true and correct in all respects.

Authorised Signature _____ Date _____

Title _____