



The Controlled Substances (Poisons) Regulations 2011

APPLICATION FOR A MEDICINE SELLER'S LICENCE

BEING A LICENCE TO POSSESS & SELL SCHEDULE 2 POISONS

*This licence is **exempt** from the Goods and Services Tax (GST)*

SA ABN: 97 643 356 590

Applicant's Name(s): _____

Company Name (if applicable): _____ ACN: _____

Trading Name(s) (if applicable): _____

Business Address: _____

Post Code: _____

Telephone: _____ Mobile: _____

Email: _____

Postal Address: _____

Post Code: _____

Type of Business: _____

Number of hours business open per week: _____

Nearest Pharmacy: _____

If within 25 kilometers of a pharmacy, reason for application: _____

If insufficient space please add attachments

Signature of Applicant

I hereby apply for a Medicine Sellers Licence and agree to abide by the Regulations under the *Controlled Substances Act 1984*, and the conditions of licence.

Fee enclosed (as per schedule) \$ _____

_____ *Date*

_____ *Signature of Applicant*

FEES

Effective for the period 1/7/2021 to 30/6/2022

For a period of: 1 year \$49.00 OR 3 years \$147.00

To apply for a licence:

Return the form to SA Health using one of these methods:

- Fax: 8226 6681;
- Email: HealthControlledSubstances@sa.gov.au;
- Post: CONTROLLED SUBSTANCES LICENSING
PUBLIC HEALTH
PO BOX 6
RUNDLE MALL 5000;

Pay the required fee using one of these methods:

- Credit Card (Visa/Mastercard only)**
Available online at: <https://www.bpoint.com.au/pay/sahealth/>
Billor Code: 1355973
Reference: NEW
- Money Order**
- Cheque** made payable to SA Health.

Licence fees are not refundable except at the discretion of the licensing authority

If you have any enquiries, please phone Controlled Substances Licensing on (08) 8226 7100

OFFICE USE ONLY

GRANTED BY: _____ DATE: _____

NOTES: _____