

Application for a Licence to Sell Poisons by Wholesale

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

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

Licence no: **POI-G**

Receipt no:

Client no:

1. Applicant details

Individual / Partner 1

Given names
(do not abbreviate)

Surname
(include maiden name if married)

The licence will be issued in the name(s) recorded above

Date of birth

Birthplace

Town

Country

Residential address

Telephone

Mobile

Private postal address
(for all correspondence)

Partner 2

Given names
(do not abbreviate)

Surname
(include maiden name if married)

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

Private postal address
(for all correspondence)

2. Corporate applicant

Company name

Australian company number

The licence will be issued in the name recorded above

Director 1

Given names
(do not abbreviate)

Surname
(include maiden name if married)

Date of birth

Birthplace

Town

Country

Residential address

Telephone

Mobile

Director 2			
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	
3. Business address			
Business name			
Street address			
Postal address <i>(for all correspondence)</i>			
Contact person			
Telephone <i>(not mobile)</i>			
E-mail address			
4. Storage premises of drugs / poisons			
Business name			
Street address <i>(include shed/unit no)</i>			
Telephone <i>(not mobile)</i>			
5. Disclosure			
Has the applicant(s):			
• been convicted of an indictable offence? <i>(Drink driving and minor traffic offences are not indictable offences)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• been convicted of an offence against the <i>Health Act 1937</i> or the <i>Health (Drugs and Poisons) Regulation 1996</i> or a repealed provision or a corresponding law?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• held an licence granted under the <i>Health (Drugs and Poisons) Regulation 1996</i> or a repealed provision or a corresponding law that was suspended or cancelled?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• ever been refused a licence under the <i>Health (Drugs and Poisons) Regulation 1996</i> or a repealed provision or a corresponding law?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<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>			
6. Payment of fees			
Prescribed fee	\$562.50	▶ Refunds: See <i>Fact Sheet</i> <input type="checkbox"/> Tick box if receipt required	
<input checked="" type="checkbox"/> 1 box only	<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>		
Note: This is a GST free item. Queensland Health ABN 66 329 169 412			

7. Declaration

I/We declare that the information stated by me on this application form is true, correct and complete Yes No

I/We consent to the making of enquiries of, and the exchange of information with the authorities of any State, Territory or Commonwealth regarding any matters relevant to this application. Yes No

I / We have read, understand and agree to comply with the provisions of Chapter 4 Parts, 1, 3, 5, 6, 7 and 8 as required under the relevant provisions of the *Health (Drugs and Poisons) Regulation 1996*. (legislation available online at www.legislation.qld.gov.au) Yes No

I / We declare that the information stated in this application form is true and correct. Yes No

I / We declare that the actual sale of Schedule 2, 3 and 7 poisons will at all times be under the personal supervision of a competent and responsible adult. Yes No

I / We apply for a *Sell Poisons by Wholesale* in respect of *Schedules 2, 3 and 7* poisons and enclose the prescribed fee identified at section 6. Yes No

Signature 1		Date	
		Position	
Print full name here			
Signature 2		Date	
		Position	
Print full name here			

8. Please complete one of the following sections

A. I intend to sell by wholesale:

- Poisons listed in Schedule 2,3 & 7
 Poisons in Schedule 7

B. If you intend to only sell one or more of the following specific poisons please nominate:

- Hydrofluoric Acid
 Pseudoephedrine

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
Amount at section 6

\$

1 box only

Mastercard

Bankcard

Visa card

Card no

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Expiry date

			/		
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Name on card
(please print)

Signature
of cardholder

Date



Application Guide for a Licence to Sell Poisons by Wholesale

1. This information has been prepared to assist you in applying for a *Licence to Sell Poisons by Wholesale*. Following this advice will enable your application to be processed quickly.
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

Please cross each 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:* Advise the details of *all* partners in the business. Names are to be advised *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 you have not previously done so.
- 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

This information refers to the address of the business' head office in Queensland. If a business office is not located in this State, provide the address of the head office where correspondence is to be sent to.

- Attach a copy of the *Business Names Extract* issued under the *Business Names Act 1962* if you have not previously done so.
- Provide the name and contact telephone number of the person responsible for licence processing.

Question 4

- This information refers to the physical premises located in Queensland from where scheduled drugs and poisons are intended to be sold by wholesale. Do not advise a post box address or a mobile telephone number.

Question 5

If you have answered YES, 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 section 1 or section 2.

Question 8

- Please complete form 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 any person, business partnership or incorporated company to possess or sell *Schedule 2, 3 and/or 7* poisons in Queensland unless that person, business partnership or incorporated company is the holder of a current *Licence to Sell Poisons 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 lodge a separate application and correct payment of the prescribed fee for each premise located in Queensland from where *Schedule 2, 3 and/or 7* poisons 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; or
 - (b) the application is withdrawn prior to a decision being made.

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

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.

Do not return this fact sheet with the application