

Application form—licence

Manufacture, wholesale or sell by retail

About this application form

- This form is to be used to apply for a licence(s) to perform the following regulated activities with scheduled substances:
 - a) manufacture
 - b) wholesale or
 - c) retail salepursuant to the *Health Act 1937* and the Health (Drugs and Poisons) 1996 Regulation. These schedule substances include:
 - d) Schedule 8 (controlled drug) substances
 - e) Schedule 4 (restricted drug) substances
 - f) Schedule 2 or 3 substances and
 - g) Schedule 7 (poison) substances.
- You need to indicate the type of licence to which the application applies.
- You need to include the correct fee for the licence type that you are applying for.
- A separate licence is required for each premise (site) that manufacture(s) or sells by wholesale(s) or sells by retail scheduled substances.
- If you intend to manufacture you will also need to:
 - a) Complete [Section 9](#)—manufacturing supervisor details and
 - b) Complete [Section 10](#)—manufactured medicines and poisons
- You will need to list the scheduled substances that you are applying to manufacture as per the schedule(s) of substances as listed in the Commonwealth Standard, the Standard for Uniform Scheduling of Medicines and Poisons (the SUSMP) (current version, including any amendments). The SUSMP may be accessed at <http://www.tga.gov.au/industry/scheduling-poisons-standard.htm>.

General information

- Please write clearly or complete electronically, print and sign. Answer all questions in full.
- You will be notified by mail if a licence is granted.
- All forms requiring a signature must bear the original signature in ink. The Department of Health is not able to accept a photocopy, facsimile (fax) or emailed copy of the completed form.
- Official photocopied documents including evidence of identity must bear the certification and original signature, name and occupation of an authorised identifier (certified copy) i.e. Justice of the Peace, Commissioner for Declarations, police officer, solicitor or an officer from a local [Public Health Unit](#).
- Refunds—the Department of Health is only able to 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 - b) the application is withdrawn prior to a decision being made.

Licence types

1. **Manufacture Schedule 8 (controlled drug) substances.** This licence also allows applicants to sell S8s by wholesale, sell S4s by wholesale, and sell S2s, S3s and S7s by wholesale.
2. **Manufacture Schedule 4 (restricted drug) substances.** This licence also allows applicants to sell S4s by wholesale; and manufacture and sell by wholesale, S2s, S3s and S7s.
3. **Manufacture Schedule 2, 3 and 7 substances.** This licence also allows applicants to sell the stated manufactured schedule substance(s) by wholesale.
4. **Wholesale Schedule 8 (controlled drug) substances.** Applicants are required to specify the nature of the intended sale of S8s.
5. **Wholesale Schedule 4 (restricted drug) substances.** This licence also allows applicants to sell by wholesale S2s, S3s and S7s.
6. **Wholesale Schedule 2, 3 and 7 substances**
7. **Retail sale of Schedule 7 substances.**
8. **Retail sale of Schedule 2 substances.**

Schedule of fees—these fees are effective as of 1 October 2019

Schedule	Description	Fee (\$)
Schedule 8	Licence to manufacture controlled drugs	\$731.50
Schedule 4	Licence to manufacture restricted drugs	\$731.50
Schedule 2, 3, 7	Licence to manufacture	\$731.50
Schedule 8	Licence to sell controlled drugs by wholesale	\$731.50
Schedule 4	Licence to sell restricted drugs by wholesale	\$731.50
Schedule 2, 3, 7	Licence to sell wholesale	\$731.50
Schedule 7	Licence to sell S7 poisons	\$345.00
Schedule 2	General Licence to sell by retail	\$345.00

Further information

t: (07) 3328 9310

e: hpu_licensing@health.qld.gov.au

w: <https://www.health.qld.gov.au/system-governance/licences/medicines-poisons>

Local public health unit: <https://www.health.qld.gov.au/system-governance/contact-us/contact/public-health-units/default.asp>



Section 1 Licence type

MANUFACTURING LICENCE TYPE (INCLUDES WHOLESALING)

1. Controlled Drug Manufacture Licence (Schedule 8 substance(s)). Tick only those that apply:

Manufacture: S8 S8 Medicinal cannabis*

Wholesale: S2 S3 S4 S7 S8 S8 Medicinal cannabis*

2. Restricted Drug Manufacture Licence (Schedule 4 substance(s)). Tick only those that apply:

Manufacture: S2 S3 S4 S7 S4 Medicinal cannabis*

Wholesale: S2 S3 S4 S7 S4 Medicinal cannabis*

3. Manufacture Schedule 2, Schedule 3 and Schedule 7 substance(s). Tick only those that apply:

Manufacture: S2 S3 S7 Hydrofluoric acid only

Wholesale: S2 S3 S7

WHOLESALING LICENCE TYPE (WHOLESALE ONLY)

4. Controlled Drug Wholesaler Licence (Schedule 8 substance(s)). Tick only those that apply:

Wholesale: S8 S8 Medicinal cannabis*

Purpose: Human therapeutic use Agricultural use Veterinary use

5. Restricted Drug Wholesaler Licence (Schedule 4 substances(s)) Tick only those that apply:

Wholesale: S2 S3 S4 S7
 Medical gases only S4 Medicinal cannabis*

Purpose: Human therapeutic use Agricultural use Veterinary use

6. Wholesale Schedule 2, Schedule 3 and Schedule 7 substance(s) Tick only those that apply:

Wholesale: S2 S3 S7 PSE^ Hydrofluoric acid only

RETAIL ONLY

7. Retail sale Schedule 7 (poison) substances. Tick only those that apply:

Purpose: Hydrofluoric acid only Agricultural Veterinary Industry
 Other, please specify: _____

8. Retail sale of Schedule 2 substances Tick the purpose of the intended retail sale:

Purpose: Sell aboard a vessel Sell > 25 km by road from nearest pharmacy

Are you?

A sole trader or in business partnership. Complete **Section 2**, then go to **Section 4**

An incorporated company. Go to **Section 3**, then go to **Section 4**

*additional requirements may apply for medicinal cannabis

^pseudoephedrine

Please note: Nicotine cannot be sold to persons other than for industrial or agricultural use (e.g. e-cigarettes).

Section 2 Applicant details

Please provide details of individuals/partners as they appear on the applicant's birth certificate. If more than two individuals or partners please attach the additional relevant information with your application.

Individual/Partner 1—include name as it appears on your birth certificate and attach a certified copy

Title	Given Name	Surname (<i>include maiden name</i>)	
Date of birth	Town of birth		Country of birth
Telephone	Mobile		Email
Residential address		Postal address—tick if same as residential address	

Individual/Partner 2—include name as it appears on your birth certificate and attach a certified copy

Title	Given Name	Surname (<i>include maiden name</i>)	
Date of birth	Town of birth		Country of birth
Telephone	Mobile		Email
Residential address		Postal address—tick if same as residential address	

Section 3 Corporate applicant details

Provide details as per the Certificate of Incorporation issued by the Australian Securities and Investment Commission (ASIC) and attach a certified copy. If more than two directors (or chairpersons) please attach the additional relevant information with your application.

Company name
Company no.
Website address

Director 1— include name as it appears on your birth certificate and attach a certified copy

Title	Given Name	Surname (<i>include maiden name</i>)	
Date of birth	Town of birth		Country of birth
Telephone	Mobile		Email
Residential address		Postal address—tick if same as residential address	

Director 2— include name as it appears on your birth certificate and attach a certified copy				
Title	Given Name	Surname <i>(include maiden name)</i>		
Date of birth	Town of birth	Country of birth		
Telephone	Mobile	Email		
Residential address		Postal address—tick if same as residential address		
Section 4 Business address				
Please attach a certified copy of the <i>Certificate of Incorporation issued by the Australian Securities and Investment Commission (ASIC)</i> . Provide details of the person to contact about the licence at the business address.				
Business name		Contact name		
Telephone	Mobile	Email		
Business address		Postal address—tick if same as business address		
Section 5 Storage premises				
Please do not give postal address, provide the physical address of the storage premises. Provide details of the person to contact about the storage premises (person must reside in Queensland).				
Premises/site name				
Address (include shed/unit number)				
Contact name		Contact telephone for premises (not mobile)		
Section 6 Disclosure*				
Please attach any relevant documentation. Has the applicant(s):			Yes	No
• been convicted of an indictable offence (drink driving and minor traffic offences are not indictable)?				
• been convicted of an offence against the <i>Health Act 1937</i> or the Health (Drugs and Poisons) Regulation 1996 or a repealed corresponding law?				
• held a licence granted under the Health (Drugs and Poisons) Regulation 1996 or a repealed provision or a corresponding law that was suspended or cancelled?				
• ever been refused a licence under the Health (Drugs and Poisons) Regulation 1996 or a repealed provision or a corresponding law?				
*If any questions are answered '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, the Department of Health may in certain circumstances, provide the information contained in this application to relevant external agencies.				

Section 7 Payment of fees

Please add up the schedule fee totals for each licence you request as per the [see the schedule of fees](#).

Payment method	Payment by Credit Card (see last page)
	Cheque or Money Order enclosed (payable to Queensland Health)

Note: This is a GST free item. Department of Health ABN 66 329 169 412

Section 8 Declaration

Please read the following statements and tick yes or no. All applicants need to <u>sign the declaration</u> .	Yes	No	
I/We consent to the making of enquiries and the exchange of information with the authorities of any State, Territory or Commonwealth regarding any matters relevant to this application.			
I/We have read, understand and agree to comply with the relevant provisions of Health (Drugs and Poisons) Regulation 1996. (Legislation available online at www.legislation.qld.gov.au). – Controlled drugs provision – Chapter 2 Parts 1, 2, 3, 5, 7, 8, 10 – Restricted drugs provision – Chapter 3 Parts 1, 2, 3, 5, 7, 8, 10 – Poisons provision – Chapter 4, Parts 1, 3, 4, 5, 6, 7, 8			
I/We declare that the actual manufacture and/or wholesale of scheduled substances will at all times be under the personal supervision of a competent and responsible employee.			
I/We apply for licence(s) as nominated in the licence request (section 1) and enclose the prescribed fee identified from the see the schedule of fees or the schedule of fees calculator.			
Signature 1 X	Date	Print full name	Position
Signature 2 X	Date	Print full name	Position

Privacy Statement: The Department of Health provides this form under the *Health Act 1937* so that you may apply for a licence. The information and documents collected for the purpose of this application may be accessible by authorised departmental persons. The department will not disclose your personal information or supporting documents to third parties without your consent unless required or authorised by law.

The *Information Privacy Act 2009* sets out the rules for the collection and handling of personal information by the Department of Health. For information about how the Department of Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au.

What now?

- ✓ Application to **manufacture** – please complete section 9 – manufacturing supervisor details and then complete section 10 – credit card payment details
- ✓ All other applications please complete section 10 – credit card payment details

Section 9 Manufacturing supervisor details

- Applicants for licences to manufacture must provide particulars concerning the identity and qualifications/experience of all persons who be responsible for supervising the manufacture of the scheduled substances.
- This application must be supported by evidence documenting the experience and/or qualifications of each nominated supervisor (e.g. degree parchment, training certificate, resume, referral letter).
- 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.
- Please read the [minimum qualifications and/or experience necessary to supervise the manufacture of scheduled substances](#)

Section 9 Manufacturing supervisor details-continued**Supervisor 1— attach certified evidence of qualifications**

Title	Given Name	Surname	
Date of birth	Place of birth (town/country)	Title/Position	
Qualification		Institution	Year Completed
Experience			
Residential address		Postal address—tick if same as residential address	

Supervisor 2— attach certified evidence of qualifications

Title	Given Name	Surname	
Date of birth	Place of birth (town/country)	Title/Position	
Qualification		Institution	Year Completed
Experience			
Residential address		Postal address—tick if same as residential address	

Supervisor 3— attach certified evidence of qualifications

Title	Given Name	Surname	
Date of birth	Place of birth (town/country)	Title/Position	
Qualification		Institution	Year Completed
Experience			
Residential address		Postal address—tick if same as residential address	

Section 10 Manufacture scheduled substances

If you intend to manufacture a scheduled substance(s), please list the scheduled substance(s) that will be manufactured according to the Standard for Uniform Scheduling of Medicines and Poisons (SUSMP). For more fields you can use the [list of scheduled substances](#) (spreadsheet).

Schedule	SUSMP descriptor	SUSMP acronym	Generic name	Form	Strength
1.					
2.					
3.					
4.					
5.					

Section 11 Credit card payment

This page should only be completed if payment is being made by MasterCard, Bankcard or Visa. *American Express* is NOT available. Please ensure that this page is returned with the application only if paying by this method. You do not need to complete this section if payment is being made by cheque or money order.

Do not overwrite any digits, if an error is made, cross through the digit using a single line, write the correct digit above and initial the change.

To calculate your fee, please open the [schedule of fees calculator](#) to sum the fee value(s) or refer to the schedule of fees.

Name of applicant			
Fee amount \$		Please tick:	Master card Visa Bank card
Name on card	Signature of card holder X		

Card number	/	/	/	Expiry date	/
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Applications must be forwarded by POST to:

Chief Executive
Public Health Licencing Unit
PO Box 2368
FORTITUDE VALLEY QLD 4006