



Application to change a Schedule 2 Retail Licence

Medicines and Poisons Act 2014



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INSTRUCTIONS and INFORMATION

1. This form is for requesting changes to an existing **Schedule 2 Retail Licence** issued under the *Medicines and Poisons Act 2014*.

This form MUST be completed by the Licence holder or incoming Licence holder who understands the requirements and terminology contained in this application.

If the Licence holder is a corporation or partnership, this form must be completed by the corporate officer or partner who originally applied for the Licence.

All communication will ONLY be with the Licence holder, corporate officer or partner.
2. **Types of changes that cannot be applied for using this form**

DO NOT USE THIS FORM, if:

 - changing from an individual Licence to a partnership/corporate Licence, or
 - changing from a corporate/partnership Licence to an individual Licence or
 - the business has a new owner.

These types of changes require the submission of a completely new Schedule 2 Retail application form found at: [Application forms for Licences and Permits](#)

Licences cannot be transferred between one business entity and another.
3. There are five parts to this form:

Part 1- Sections 1 to 11: Application to change a Schedule 2 Retail Licence.

Part 2: Sections 12 to 17: Personal Information: new individual Licence holder, corporate officer or partner

Part 3: Sections 18 to 21: Personal Information: new responsible person for a premises.

Part 4: Sections 22-23: Payment and checklist.

Part 5: Appendix
4. Fees are **not** payable for the following type of changes to a Schedule 2 Retail Licence:

 - Change of postal addresses or other contact details
 - Change to a person responsible for a premises
 - Removal of a premises from the Licence.
5. A fee of **\$90** is payable for the following type of changes to a Schedule 2 Retail Licence:

 - Change of individual Licence holder (no change of ownership of the business)
 - Change of a corporate officer (only for Licences issued to a body corporate and not individual person)
 - Relocation of an existing premises to a new location
 - Addition of a new premises to the Licence
 - Change of business or trading name without changing legal entity (no change of ownership).
6. **Changing the Licence holder for a Licence held by an individual person**

The person nominated as the new Licence holder must also complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 16.

6.1 Qualifications and/or experience of person nominated as the new Licence holder

The new Licence holder must have authority within the business to determine policies and procedures in relation to handling and retailing the Schedule 2 medicines

Qualifications and/or experience are not a pre-requisite for being a Schedule 2 Retail Licence holder.

6.2 Licence holder responsibilities

It is the responsibility of the Licence holder to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and compliance with conditions placed on the Licence.

The new Licence holder must also consider whether they have capacity to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and compliance with conditions placed on the Permit for every premises listed on the Licence. The Department may request further information in relation to this capacity.

There are penalties under the Act for providing false or misleading information when applying for a change to an existing Licence.



7.	<p>Changing the person responsible for a premises listed on the Licence</p> <p>A new responsible person will have overall responsibility for and manage the Schedule 2 medicines on a day to day basis and be the contact person if the Licence holder is not available.</p> <p>The responsible person for a premises must:</p> <ul style="list-style-type: none">• be employed or contracted by the Licence holder• reside in WA• complete Part 3: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 24. <p>7.2 Responsible person for a Licence issued to an individual person:</p> <p>The responsible person for a premises when a Licence is issued to an individual person can be:</p> <p>a) the Licence holder, only if the Licence is issued to an individual person and not a corporation or partnership</p> <p>or</p> <p>b) the most senior person at the premises</p> <p>7.3 Responsible person for a Licence issued to a corporation or partnership</p> <p>The responsible person for a premises when a Licence is issued to a corporation or partnership can be:</p> <p>a) the most senior person at the premises</p> <p>or</p> <p>b) a person within the corporation or partnership who has authority to determine policies and procedures in relation to managing and retailing Schedule 2 medicines.</p> <p>Please note: a responsible person must consider whether they have capacity to oversee the day to day management of the medicines at every premises for which they are responsible. Where a single person is responsible for multiple premises, the Department may request further information in relation to this capacity.</p>
8.	<p>Changing a corporate officer or partner for a Licence held by a corporation or partnership.</p> <p>A new partner or corporate officer (directors, company secretary, chief executive officer or general manager and chief financial officer) must also complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 16.</p> <p>Qualifications and/or experience is not a pre-requisite for a new corporate officer or partner when the Schedule 2 Retail Licence is held by a corporation non-partnership.</p>
9.	<p>Relocation or addition of a premises</p> <p>If a premises listed on an existing Schedule 2 Retail Licence:</p> <ul style="list-style-type: none">• is being <u>relocated</u> to a different premises or• another premises is being <u>added</u> to the existing Schedule 2 Retail Licence: <p>and the relocated or added premises (second premises) is currently listed on a different Licence:</p> <ul style="list-style-type: none">○ the application will not be processed until the Licence holder at the second premises has submitted an application to the Department to have their premises removed from their Licence.○ In such cases, Licence holders requesting the relocation or addition of a new premises may wish to liaise with the Licence holder at the second premises to ensure the Department of Health is appropriately advised.
10.	<p>Required documents</p> <p>The applicant and responsible person are required to submit copies of certain documents. If documents are not in English, also attach a translation certified as completed by a National Accreditation Authority for Translators and Interpreters (NAATI) accredited translator.</p> <p>Copies of photographic identification documents, such as a drivers licence or passport must be certified as a true copy. A list of people who can certify copies of documents is found in Appendix A.</p>



11.	Distance from a pharmacy If the premises is being relocated or a new premises added to the Licence, the change will not be processed if the premises is within 25 km of a pharmacy. Existing Schedule 2 retail Licences will be cancelled if a pharmacy opens within 25 km.
12.	Signatures All signatures must be signed in ink or via a verifiable electronic signature. An electronic signature is only acceptable if the submitted application allows the Department to verify the signature. A “signature” that is copied and pasted and a “signature” that is the person’s name in a font style resembling handwriting will not be accepted The current Licence holder must sign the Declaration for making a change to the Licence at Section 11. <ul style="list-style-type: none">• If the change is to request a new Licence holder within the same business and the current Licence holder is no longer employed by the business:<ul style="list-style-type: none">○ the new Licence holder should sign the Declaration. In this circumstance, please provide the reason the current Licence holder cannot sign the Declaration.• If the Licence is held by a partnership or body corporate, the person who signed the original Licence application should sign the Declaration. 12.1 Who can sign for a change to a Schedule 2 Retail Licence: If the Schedule 2 Retail Licence is held by an individual person and the change is to request a new individual Licence holder within the same business and the current Licence holder is no longer employed by the business: <ul style="list-style-type: none">• the new Licence holder should sign the Declaration and provide the reason the current Licence holder cannot sign the Declaration. If the Schedule 2 Retail Licence is held by a partnership or body corporate, the person who signed the original Licence application should sign the Declaration.
13.	Approving a change to a Licence Applying for a change to an existing Licence does not guarantee the requested changes will be approved.
14.	Processing applications Applications will be processed in order of receipt after payment has been confirmed by Finance. To ensure a timely decision about your application please: <ul style="list-style-type: none">• Complete all required sections of the application,• Attach all requested documentation to the application,• Respond to requests from the Department for additional information as soon as possible,• Make sure appropriate staff are available if the Department needs to conduct a premises inspection,• Do not submit your application as a digital image (photograph).
15.	Extra information When applying for a change to an existing Licence, refer to the : Guide to applying for a Licence or Permit
16.	Submitting the application Please email completed form and other requested documentation to: mprb@health.wa.gov.au

Incomplete applications may be delayed or returned to the applicant

Please keep a copy of the completed application form for reference



PART 1: APPLICATION to change a SCHEDULE 2 RETAIL LICENCE

1. General information

Licence number: _____ Name of current Licence holder: _____
Postal address*: _____ Suburb: _____ Postcode: _____
Telephone: _____ Fax: _____ Email: _____
* Renewal reminders will be sent to this address.

1.1 Type of change

Please check whichever applies:

Changes without a fee

Complete

- | | |
|---|---|
| <input type="checkbox"/> Change of postal address and other contact details | Part 1: Sections 2, 11 |
| <input type="checkbox"/> Change the person responsible for a premises | Part 1: Sections 3, 11
Part 3: Sections 18 to 21 |
| <input type="checkbox"/> Remove a premises | Part 1: Sections 4, 11 |

Changes with a fee of \$90

- | | |
|---|---|
| <input type="checkbox"/> Change of individual Licence holder | Part 1: Sections 5, 11
Part 2: Sections 12 to 17
Part 4: Section 22 |
| <input type="checkbox"/> Change of corporate officer or partner | Part 1: Sections 6, 11
Part 2: Sections 12, 14, 15, 16, 17
Part 4: Section 22 |
| <input type="checkbox"/> Relocation of an existing premises | Part 1: Sections 7, 9, 11
Part 4: Section 22 |
| <input type="checkbox"/> Addition of a new premises | Part 1: Sections 8, 9, 11
Part 4: Section 22 |
| <input type="checkbox"/> Change of business or trading name without changing legal entity | Part 1: Sections 10, 11
Part 4: Section 22 |

Note: if making multiple changes, only pay one fee of \$90

1.2 Additional information to support application (optional):



Part 1: Application to change a Schedule 2 Retail Licence Changes Without a Fee

2. Change of postal address and other contact details

New Postal Address*: Suburb: Postcode:
Telephone: Fax: Email:

* Renewal reminders will be sent to this address.

3. Change the person responsible for a premises

Refer to instruction number 7 for who is eligible to be a responsible person for premises

Premises name:

Address: Suburb: Postcode:

Name of new incoming responsible person for this premises:

Title: Forename(s): Surname:

3.1 Details about the new person responsible for a premises listed on the Licence

Is the new responsible person also the Licence holder or responsible for another premises listed on the Licence?

☐ Yes: Confirm name: Title: Forename/s: Surname:

There is no requirement to complete Part 3.

No: the new responsible person for the above-named premises, must complete and **attach** Part 3: Personal Information: Identification, Fitness and Probity.

4. Remove a premises from the Licence

Premises name:

Address: Suburb: Postcode:

Date the business/store will cease trading at these premises:

Is the business being sold to a different Schedule 2 retailer?

4.1 ☐ Yes: please provide the name of the new business:

The Department requires the person taking over the Schedule 2 retail business to either:

- apply to add this premises to their current Licence, if they already have a Licence, or
- apply for a new Licence in their name.

Applications from the person buying the business must be received by the Department prior to removing this premises from your Licence.

4.2 ☐ No, and the business is closing, is there any remaining stock of Schedule 2 medicines left?

☐ No

☐ Yes: please indicate how these medicines will be disposed of. Please check all that apply:

☐ Transferred to other premises listed on the Licence

Address of premises:

☐ Taken to pharmacy or hospital for disposal ¹

Name of pharmacy/hospital:

☐ Returned to wholesaler for disposal

Name of wholesaler:

☐ Disposed of using licensed waste management service

Name of licensed waste management company:

¹ Pharmacies and hospitals are not obligated to accept medicines for disposal if they have not supplied the medicine.

More information on disposal of medicines is found at: [Disposal of medicines](#)



Part 1: Application to change a Schedule 2 Retail Licence Changes with a Fee

5. Change of individual Licence holder

Refer to instruction number 6, for information on the requirements for being an individual Licence holder

Name of new incoming Licence holder:

Title: Forename(s): Surname:
Address: Suburb: Postcode
Telephone/mobile: Email:
Position in business:

A new Licence holder must complete and **attach** Part 2: Personal Information: Identification, Fitness and Probity.

6. Change of corporate officer or partner

Note: Only applicable if the Licence has been issued to a body corporate or company and not to an individual person.

6.1 Name of new corporate officer/partner

Title: Forename(s): Surname:
Address: Suburb: Postcode:
Telephone/Mobile: Email:

Corporate officer/partner must complete and **attach** Part 2: Personal Information: Identification, Fitness and Probity.

6.2 Name of outgoing corporate officer/partner

Title: Forename(s): Surname:

6.3 Please **attach** a copy of the Current and Historical Company Extract from ASIC which includes details of all past and current corporate officers.

7. Relocation of an existing premises

7.1 Current address of premises:

Premises name:
Address: Suburb: Postcode:

7.2 New address of relocated premises:

Premises name:
Address: Suburb: Postcode:
Telephone: Fax: Email:

Date of possession of the premises (settlement date/lease commencement/handover of premise):

Note: Licences will be issued with "Valid from" date on or after this date.

7.3 **Plus**, complete Section 9,11 and 22 (payment)



Part 1: Application to change a Schedule 2 Retail Licence Changes with a fee

8. Addition of another new premises

8.1 Premises name:

Premises Address:

Suburb:

Postcode:

Telephone:

Fax:

Email:

Date of possession of the premises (settlement date/lease commencement/handover of building):

Note: Licence will be issued with "Valid from" date on or after this date.

8.2 **Pus** complete Section 9, 11 and 22 (payment)

9. Information about the relocated or new added premises

Is this premises being bought from another Schedule 2 Retail business? See instruction number 9.

☐ No

☐ Yes: Name of previous Schedule 2 Retail business:

The Department requires the previous Permit holder at the relocated or new added premises to remove the premises from their Permit. The application to remove the premises from the previous Permit holder's Permit must be received by the Department prior to adding the relocated or new added premises to your Permit.

9.1 Person responsible for the relocated or new added premises

Title:

Forename(s):

Surname:

Is the responsible person for the relocated or new added premises also?

- responsible for the premises at the current address or
- responsible for another premises listed on the Licence or
- the Licence holder?

☐ Yes

☐ No: the responsible person for the relocated or new added premises must complete and **attach** Part 3: Personal Information: Identification, Fitness and Probity.

9.2 Distance of relocated or new added premises from nearest pharmacy

Distance from nearest pharmacy: kms

Name of nearest pharmacy:

9.3 Storage of medicines in Schedule 2 at relocated or added premises

Where will the medicines be stored?

☐ Behind the counter ☐ Locked cupboard – may be glass fronted ☐ Other, please specify:

Will I food and/or beverages be sold at the relocated or added premises?

☐ No

☐ Yes: ☐ Please check the box to confirm medicines will be stored in a manner that that ensures food and beverages will not be contaminated.

9.4 Access to scheduled medicines

☐ Please check to confirm that only authorised persons, i.e. individual Licence holders, responsible person or other authorised staff employed by the business will have unsupervised access to the Schedule 2 medicines.

9.5 Preventing access to Schedule 2 medicines

Please describe how non-authorised staff such as reception staff, cleaners and the public (including family and children) will be prevented from having access to the Schedule 2 medicines.



Application to change a Schedule 2 Retail Licence Changes with a fee

10. Change of business or trading name

Complete this Section if the business or trading name will change without any change in legal entity.
If there is a change in ownership, an application for a new Licence is required.

10.1 Previous business or trading name:

New business or trading name:

Attach a copy of the Current and Historical Business Name Extract from ASIC.

10.2 Australian Business Number:

11. Declaration by Licence holder

Please refer to instruction number 12 for information on acceptable signatures

I am the: ☐ current Licence holder ☐ incoming Licence holder
☐ The corporate officer or partner who signed the original Licence application

If the current Licence holder cannot sign please provide reason:

I (provide full name):

of (provide full address):

hereby declare:

- i. The information contained in this application form is true and correct
- ii. I am aware that penalties apply under the *Medicines and Poisons Act 2014* for providing false or misleading information in this application.

Signature of applicant:

Date:

Note: If the Licence is held by a corporation or partnership, the person who signed the original Licence application should sign this Declaration.



PART 2: PERSONAL INFORMATION: new LICENCE HOLDER

Part 2 assesses identification, fitness and probity of the Licence holder.

If the new Licence holder is an individual person, all sections of Part 2 must be completed.

If the Licence is held by a corporation or partnership, and there is a new corporate officer or partner, all sections of Part 2 except Sections 13 must be completed by each new corporate officer or each new partner.

12. Identification of new Licence holder, corporate officer or partner

Refer to instruction number 6, for information on the requirements for being a Licence holder

12.1 Personal Details

Title: Forename/s: Surname: Date of birth:

Address: Suburb: Postcode:

Postal address: Suburb: Postcode:

Mobile number: Email:

Position in business:

12.2 Certified true copy of a photographic identification document

ATTACH a certified ¹ copy of a WA State Government or Australian Government issued photographic identification document such as drivers licence or passport. Non-government issued identification documents will not be accepted.

¹Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix A for a list of persons authorised to certify a true copy)

12.3 Role in relation to the Licence

- ☐ the individual who will be the new Licence holder on behalf of the business. Complete remainder of Part 2.
- ☐ a new corporate officer. Type of corporate officer:
- ☐ Director ☐ General Manager ☐ Company secretary ☐ CEO ☐ CFO ☐ COO
- Complete Sections 14,15,16 and 17 of Part 2 and **attach** a CV¹
- ☐ a new partner

Complete Sections 14,15,16 and 17 of Part 2 and **attach** a CV¹

¹A new **corporate officer or partner must provide a CV and qualifications**. These will be used to assess whether the corporate officer or partner meets the requirements of the *Medicines and Poisons Act 2014*.

13. Authority, access, standard operating procedures (SOPs)

Complete this section if you will be the new individual Licence holder on behalf of the business.

Do not complete this section, if the Licence is being issued to a corporation or partnership.

- ☐ Please check to confirm that as the new Licence holder, you will have authority within the business to determine policies and procedures in relation to managing Schedule 2 medicines.
- ☐ Please check to confirm that you will always have access to the Schedule 2 medicines listed on the Licence.
- ☐ Please check to confirm that only yourself, responsible person or other authorised staff of the business will have unsupervised access to the Schedule 2 medicines.

As the new Licence holder, will all SOPs and management of the Schedule 2 medicines remain unchanged?

- ☐ Yes
- ☐ No: please describe how the SOPs and management of the Schedule 2 medicines will change.



PART 2: PERSONAL INFORMATION: new LICENCE HOLDER

14. Prior permits/licences for medicines/poisons

To be completed by a new Licence holder, new corporate officer or new partner

14.1 Have you (or a company of which you were a corporate officer or a partner) previously held a Permit or Licence, under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled?

☐ No

☐ Yes: please provide details of the Permit or Licence number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in:

14.2 Have you (or a company of which you were a corporate officer) ever been refused a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory?

☐ No

☐ Yes: please provide details of the name of the business, what type of Permit or Licence you applied for, why your application was refused and which state or territory the refusal occurred in:

15. Criminal check for new Licence holder, corporate officer or partner

To be completed by a new Licence holder, new corporate officer or new partner

Have you ever been convicted of, or are there charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory

☐ No

☐ Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:

- Name of the court including state/territory or country, all relevant dates and any sentences received
- The nature of the alleged offence and circumstances surrounding the offences

16. Financial resources of new Licence holder, corporate officer or partner

To be completed by a new Licence holder, new corporate officer or new partner

16.1 Have you been declared bankrupt or a debtor under any bankruptcy law?

☐ No

☐ Yes: What date was/will your bankruptcy be discharged?

16.2 Have you ever been a corporate officer of a company that was wound up or subject to an application for, or placed in, receivership or liquidation?

☐ Yes

☐ No



Part 2: Personal Information: new Licence Holder

17. Declaration by new Licence holder, corporate officer or partner

This declaration must be signed by the new individual Licence holder, corporate officer or partner and is about personal information and includes probity check consent.

Please refer to instruction number 12 for information on acceptable signatures

- a. In accordance with Section 39 of the *Medicines and Poisons Act 2014*, I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity in relation to holding a Schedule 2 Retail Licence. These searches may include (without limitation) corporate searches, checks with health professional registration boards (including registration status and release of information on any current or ongoing investigations) and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity.
- b. I am at least 21 years of age.
- c. The information contained in this application form is true and correct.
- d. I am aware there are penalties under the *Medicines and Poisons Act 2014* for providing false or misleading information.
- e. I am aware of my responsibility or the responsibility of the body corporate (if applicable) for the safe storage and sale of the Schedule 2 medicines and will ensure compliance with the *Medicines and Poisons Act 2014* and *Medicines and Poisons Regulations 2016*, and compliance with conditions placed on the Licence.
- f. I will notify the Department of Health **if** I leave the employment of the business or I am no longer a corporate officer of the company that holds the Licence.

Signature:

Name:

Date:



PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

Part 3 must be completed by the responsible person and assesses identification, fitness and probity

18. Identification of new responsible person

The role of the responsible person is to manage the Schedule 2 medicines on a day to day basis and be the contact person, if the Licence holder is not available.

Refer to instruction number 7, for information on the requirements for being a responsible person for a premises

18.1 Is the new responsible person, also the Licence holder or responsible for another premises listed on the licence?

☐ Yes: Confirm name: Title: Forename/s: Surname:

There is no requirement to complete Part 3.

☐ No: complete all of Part 3.

18.2 Personal details of responsible person

Title: Forename/s: Surname: Date of birth:

Postal Address: Suburb: Postcode:

Mobile number: Email:

Position in business:

18.3 Certified true copy of a photographic identification document

ATTACH a certified ¹ copy of a WA State Government or Australian Government issued photographic identification document such as driver's licence or passport. Non-government issued identification documents will not be accepted.

¹ Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix A for a list of persons authorised to certify a true copy).

19. Prior permits/licences for medicines/poisons held by new responsible person

19.1 Have you (or a company of which you were a corporate officer or a partner) previously held a Permit or Licence, under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled?

☐ No

☐ Yes: please provide details of the Permit or Licence number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in:

19.2 Have you (or a company of which you were a corporate officer) ever been refused a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory?

☐ No

☐ Yes: please provide details of the name of the business, what type of Permit or Licence you applied for, why your application was refused and which state or territory the refusal occurred in:



Part 3: Personal Information: new Responsible Person

20. Criminal check for new responsible person

Have you ever been convicted of, or are there charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory

- ☐ No
- ☐ Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:
- Name of the court including state/territory or country, all relevant dates and any sentences received
 - The nature of the alleged offence and circumstances surrounding the offences

21. Declaration by new responsible person

This declaration must be signed by the new responsible person and includes probity check consent.

Please refer to instruction number 12 for information on acceptable signatures.

- a) I acknowledge my role is to manage the Schedule 2 medicines on a day to day basis and be the contact person, if the Licence holder is not available.
- b) I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity to be named as the responsible person on the Schedule 2 Retail Licence. These searches may include (without limitation) corporate searches, and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity.
- c) I am at least 21 years of age.
- d) The information contained in this application form is true and correct.

Signature:

Name:

Date:



PART 4: PAYMENT and CHECKLIST

22. Payment (where required)

Fee: \$90

1. ☐ Credit Card – American Express and Diners not accepted

Card type: ☐ MasterCard ☐ Visa

Name on card: Card number:

Expiry date: Amount: **\$90**

Signature of cardholder: Date:

2. ☐ Direct debit to bank

Please quote Licence number and business name in the reference when making a direct debit payment

Bank: Commonwealth Bank: **BSB: 066 040 Account number: 13300018 Amount: \$90**

Receipt Number: Payment date:

3. ☐ Cheque or money order – made payable to DEPARTMENT OF HEALTH

Please keep a copy of the completed application form for reference

Please email completed form and other requested documentation to mprb@health.wa.gov.au

A fee of \$90 is payable for the following types of changes to a Schedule 2 Retail Licence:

- Change of individual Licence holder (no change of ownership of the business)
- Change of a corporate officer (only for Licences issued to a body corporate and not an individual person)
- Relocation of an existing premises to a new location
- Addition of a new premises
- Change of business or trading name without changing legal entity (no change of ownership).

Note: if making multiple changes, only pay one fee of \$90

Fees are not payable for the following type of changes to a Schedule 2 Retail Licence:

- Change of postal address and other contact details
- Change to a person responsible for a premises
- Removal of a premises from the Licence



23. Checklist

Please ensure all the appropriate requested documentation is attached for:

Part 1 Application to change a Schedule 2 Retail Licence

- ☐ If changing a responsible person for a premises: completed Part 3: Personal Information (Section 3.1)
- ☐ If changing an individual Licence holder: completed Part 2: Personal Information (Section 5)
- ☐ If changing a corporate officer: completed Part 2: Personal Information (Section 6.1)
- ☐ If changing a corporate officer/ partner: copy of the Current and Historical Company Extract from ASIC (Section 6.3)
- ☐ If a premises is being relocated or a new premises added to the Licence, and the responsible person is not responsible for any other premises or is not the Licence holder: completed Part 3: Personal Information-Form (Section 9.1)
- ☐ If there is a change of business or trading name without a change of legal entity: copy of the Current and Historical Business Name Extract from ASIC (Section 10.1)
- ☐ Declaration signed and dated by individual Licence holder, corporate officer or partner (Section 11)

Part 2: Personal information, fitness and probity for new Licence holder, corporate officer or partner

- ☐ Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 12.2). See Appendix A for a list of persons authorised to witness a signature.
- ☐ If there is a new corporate officer/partner, attach a CV and qualifications for each new officer/partner (Section 12.3)
- ☐ If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law or corresponding law in another state or territory (Section 15)
- ☐ Declaration signed and dated by new Licence holder, corporate officer or partner (Section 17)

Part 3: Personal information, fitness and probity for new responsible person

- ☐ Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 18.3). See Appendix A for a list of persons authorised to witness a signature
- ☐ If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law or corresponding law in another state or territory (Section 20)
- ☐ Declaration signed and dated by new responsible person (Section 21)

Part 4: Payment and checklist

- ☐ Payment details completed with correct signature if paying by credit card (Section 22)

Please email completed form and other requested documentation to mprb@health.wa.gov.au



PART 5 Appendix

Appendix A: Certifying true copies of photographic identification

Suggested wording for certification is as follows:

I certify that this appears to be a true copy of the document produced to me on <date>

Signature

Name

Profession or occupation group

Persons who can certify documents	
Academic (tertiary institution)	Medical practitioner
Accountant	Member of Parliament
Architect	Minister of religion
Australian Consular Officer	Nurse
Australian Diplomatic Officer	Optometrist
Bailiff	Patent attorney
Bank manager	Pharmacist
Chartered secretary	Physiotherapist
Chiropractor	Podiatrist
Company auditor or liquidator	Police officer
Court officer (judge, master, magistrate, registrar or clerk)	Post Office manager
Defence Force officer	Psychologist
Dentist	Public servant
Engineer	Public notary
Industrial organisation secretary	Real Estate agent
Insurance broker	Settlement agent
Justice of the Peace	Sheriff or deputy Sheriff
Lawyer	Surveyor
Local government CEO or deputy CEO	Teacher
Local government councillor	Tribunal officer
Loss adjuster	Veterinarian
Marriage celebrant	