



# PHARMACY COUNCIL

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Website [www.pharmacycouncilslu.org](http://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	Date
Certificate number	
Date issued	

## APPLICATION FOR REGISTRATION AS AN AUTHORIZED SELLER OF POISONS

Name of Business				
Address of Business				
Phone			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"/> Partnership (List below names and addresses of the share holders)
Name	Title	Mailing Address	Phone Number	Social Security Number

List of poisons to be sold _____
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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

(continued on the reverse side)

I, \_\_\_\_\_ hereby swear or affirm under the penalties of perjury that the statements  
(Name of owner)  
made in this application for a Seller of Poisons are true and correct in all respects.

Authorised Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_