

**Section One – Premises Details**

1. Details of premises

|                     |                      |
|---------------------|----------------------|
| Trading name        | <input type="text"/> |
| Building number     | <input type="text"/> |
| Street              | <input type="text"/> |
| Town                | <input type="text"/> |
| County              | <input type="text"/> |
| Postcode            | <input type="text"/> |
| Telephone number    | <input type="text"/> |
| Registration number | <input type="text"/> |

2. Details of manager of premises

|                     |                      |
|---------------------|----------------------|
| Name                | <input type="text"/> |
| Registration number | <input type="text"/> |

3. Person to contact concerning this application

|                  |                      |
|------------------|----------------------|
| Name             | <input type="text"/> |
| Telephone number | <input type="text"/> |

4. Type of change

|   |                          |
|---|--------------------------|
| Change to layout within registered area | <input type="checkbox"/> |
| Refurbishment                           | <input type="checkbox"/> |
| Change to trading name                  | <input type="checkbox"/> |

Please note that this application is only to be used for the refurbishment, change of layout within the already registered area or change to trading name. If you require an area deregistered or an additional area registered, then this will require a New Premises application.

5. Write a brief description of the changes to be made to the premises, including internal layout describing where medicines are sold, supplied, prepared, dispensed, or stored to supplement the plans

|  |
|--|
|  |
|--|

**Section Two – Declaration**

I declare the premises are arranged to enable the responsible pharmacist to exercise supervision over dispensing, sale of medicines and all pharmacy procedures.

|            |  |
|------------|--|
| Print Name |  |
| Signature  |  |
| Date       |  |

**Notes**

Please enclose a copy of the plans for change of layout/refurbishment. The already registered area should be outlined in red. The plans should also show the location of the safe/CD cabinet, entrances and exits, sinks and the dispensary area (size of dispensary to be shown in metres squared).