

APPLICATION FOR A LICENCE TO SELL OR SUPPLY POISONS

Chief Poisons Inspector
Poisons Control
Department of Health and Families
PO Box 40596
CASUARINA NT 0811

Phone: (08) 8922 7341
Fax: (08) 8922 7200

I hereby apply for a licence under the *Poisons and Dangerous Drugs Act* to sell poisons.
In support of my application I submit the following information:

DETAILS OF APPLICANT

FULL NAME	DATE OF BIRTH
ADDRESS	TELEPHONE
OCCUPATION	
PROFESSIONAL QUALIFICATIONS	

DETAILS OF BUSINESS

NATURE OF BUSINESS	
NAME OF BUSINESS TO BE REGISTERED	
BUSINESS ADDRESS (if more than one premises, show all addresses)	
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TELEPHONE	FACSIMILE
BUSINESS POSTAL ADDRESS	
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State reason for application



State poisons or class of poisons for which licence is required

If applying for licence to sell Schedule 2 poisons, state name and address of nearest pharmacy, and distance from your premises

State where poisons will be stored (specify in which part of the premises)

Give details of special security arrangements

Is the poison for use by you in the course of your business? Yes No

Is the poison for use by your employees in the course of their employment? Yes No

Is the poison to be distributed or sold to other persons? Yes No

State length of period of residence in the Northern Territory

If less than 5 years, state previous place or places of residence

I understand that the holder of a licence to sell poisons must comply with the provisions of the *Poisons and Dangerous Drugs Act*, and is responsible for the personal supervision and control of all poisons, and of all employees who handle the poisons and that only a competent and reliable adult is to be permitted to handle the poisons. I understand further that the licence will be cancelled if I prove myself not to be a fit and proper person to be the holder of a licence under the *Poisons and Dangerous Drugs Act*.

APPLICANT'S SIGNATURE

DATE...../...../20.....