Application for a Wholesale Licence

1. Type of Application:
   - ☐ Individual
   - ☐ Partnership
   - ☐ Corporation (attach copy of incorporation certificate)
   - ☐ Other _____

Name of Applicant: _____

Trade Name (if applicable): _____

Mailing Address: _____ Street Address: _____

Town/City: _____ Postal Code: _____

Telephone: _____ Fax: _____

2. Name, full address and telephone number of:

	Owner / Representative:	Manager:
Name:	_____	_____
Telephone:	_____	_____
Cell Phone:	_____	_____
E-mail:	_____	_____

3. Permanent Place of Business: ☐ same as above

   Municipal address of the outlet: _____

   _____

   _____

   Address of any premises where authorized medicine is stored:

   _____

   _____

   _____

4. Attach a copy of the current retail business licence or, in the case of local authorities that do not issue a business licence, attach a letter or a copy of a development permit from the local authority that indicates you have permission to operate a retail business.

5. Health Canada Drug Establishment Licence number: _____ Expiry Date: _____

   Attach a copy of the Health Canada Drug Establishment Licence to this application.

6. ☐ I am an authorized representative of the applicant.
   OR
   ☐ I am the applicant.

I certify that the information given on this form is, to the best of my knowledge, true and complete.

Dated at: _____, Alberta this _____ day of _____, 20____

_____ _____

Applicant's first and last name (print) Position / Title

_____

Applicant's signature and/or corporate seal

A cheque payable to the **Government of Alberta**, in the amount of **$100.00** for the licence fee, (or pay by credit card by visiting https://www.agric.gov.ab.ca/ardpay and choosing "Animal Health and Assurance" as the program area), and a copy of the required current business licence or equivalent is to be attached to this application and mailed to:

Licensing
Inspection and Investigation Section
Alberta Agriculture and Forestry
1st Floor, Agronomy Centre
6903 -116 Street
Edmonton AB T6H 5Z2
Phone 780-422-1472
FAX 780-422-4513

The personal information on this form is being collected for the purpose of the administration of the Authorized Medicine Sales Regulation that is authorized under the Animal Health Act. Personal information collected by Alberta Agriculture & Forestry is authorized under the Freedom of Information and Privacy (FOIP) Act and is managed and protected under Part 2 of the FOIP Act. Your name, address, telephone number and any information on this form that will identify you, may also be disclosed to authorized individuals conducting investigations. These investigations include, but are not limited to, those authorized under the provisions of the Animal Health Act. Your personal information will not be used or disclosed for any other purpose without your written consent. For your security, we do not retain credit card information in our database. If you have any questions about the collection or use of your personal information or you would like to request a correction to your personal information in our records, contact the Inspection and Investigation Section at 403-755-1474.