



Tasmania

FORM 6  
TASMANIA

***Poisons Act 1971***  
***Section 27***  
**Poisons Regulation 2008**  
**63(2)(a)**

**APPLICATION FOR A LICENCE TO SELL OR SUPPLY CERTAIN SUBSTANCES**

To the Minister for Health and Health Services

I, .....

of .....

trading as .....

.....  
(name, address and nature of business)

hereby apply for a **licence/renewal** of licence to sell or supply the following substances to which Section 27 of the *Poisons Act 1971* applies:

**SCHEDULE 2 SUBSTANCES EXCEPT THE FOLLOWING: -**

As attached in Appendix 1

I declare that: -

1. I have attained the age of 18 years.
2. I am thoroughly conversant with the provisions of the *Poisons Act 1971 and Poisons Regulations 2008* in relation to the supply of the licenced substances.
3. I have a thorough understanding and command of the English language.
4. I am the person who will be responsible for the safe custody of such substances and for due observance of the provisions of the *Poisons Act and Regulations*..
5. **I attach/I have previously attached** a certificate from a medical practitioner/stipendiary magistrate/mayor/warden certifying that I am a fit and proper person to sell the substances for which I have applied.
6. My business will be carried on only at the above premises which are situated at least 10 kilometres by the nearest practicable route from a place in which a pharmaceutical chemist keeps an open shop.
7. The statements made in this application are true and correct.

Signature of applicant: .....

Date.....

Application fee \$32.00 Please pay on enclosed invoice and forward a **copy of the receipt** with your application to the address below.

**PHARMACEUTICAL SERVICES BRANCH**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**GPO Box 125**  
**HOBART TAS 7001**  
**ABN 11255872006**

New applications must be forwarded with supporting documents to the address above and an invoice will be forwarded once the application is approved..

## Appendix 1:

### SCHEDULE 2 SUBSTANCES EXCEPT THE FOLLOWING: -

1. ASPIRIN, other than:
  - a) unscheduled aspirin products; or
  - b) when in combination with Schedule 2 codeine in solid dosage form products for the treatment of pain containing 25 doses or less.
2. Products containing DICYCLOMINE for infants.
3. Products containing HYDROCORTISONE.
4. IBUPROFEN, other than:
  - a) unscheduled ibuprofen products;
  - b) in ibuprofen liquid products containing no other therapeutically active substances in packs of 100ml or less for the treatment of pain in children;
  - c) in Schedule 2 liquid preparations for the treatment of colds, cough and influenza;or
  - d) when in combination with Schedule 2 codeine in solid dosage form products for the treatment of pain containing 25 doses or less.
5. PARACETAMOL, other than:
  - a) Unscheduled paracetamol products;
  - b) in paracetamol liquid products containing no other therapeutically active substances in packs of 100ml or less for the treatment of pain in children;
  - c) in Schedule 2 liquid preparations for the treatment of colds, cough and influenza;or
  - d) when in combination with Schedule 2 codeine in solid dosage form products for the treatment of pain containing 25 doses or less.
6. Products containing PHENIRAMINE for travel sickness.