



REPUBLIC OF LIBERIA
 MINISTRY OF HEALTH (MOH)
PHARMACY BOARD OF LIBERIA
 P.O. BOX 10-9009
 1000 MONROVIA 10-LIBERIA
 WEST AFRICA



2016-2017

RENEWAL FORM
Medicine Store

County: _____ Code: _____

Name of Entity _____ / Photo copy of last year (2015) permit.

Location _____
 Please attach Business Registration (2015)

Registration Year _____

Proprietor(s) _____ Nationality: _____

_____ Nationality: _____

Cashier / Manager _____ Nationality: _____

Cell No. _____ Email: _____

Dispenser's Name: _____ **PBDL#:** _____

Cell No. _____ Email: _____

Note: No medicine store shall operate as a clinic, treatment room or sell any injectable or otherwise. Failure to comply, the Board shall **revoked** the license of the entity and the place be closed to the general public until otherwise ordered by the Pharmacy Board of Liberia.

Approved: _____ Date: _____

Proprietor(s)

PBL Use Only

Date Submitted: _____

E-mail: pharmacyboardliberia@yahoo.com

PLEASE TYPE ALL INFORMATION