

Tuesday 14 October 2025

# The Queensland Pharmacy Business Ownership Council & Queensland Health - Update on the *Pharmacy Business Ownership Act 2024*

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**Presenters:**

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**Queensland**  
Government



When to apply for a licence



How to complete application forms

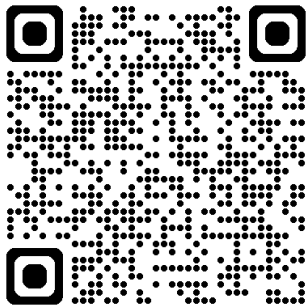


How to upload application securely



Fees

Scan the QR code to view  
the 'Apply for a licence'  
webpage





# When to apply for a licence

Pharmacy business	Ownership	When to apply	Relevant sections of PBO Act
Existing pharmacy business under 2001 Act as of 31 October 2025	Eligible person that owned the existing pharmacy business	Within one year of PBO Act commencing (by 31 October 2026)	Sections 10 and 215
Existing pharmacy business under 2001 Act as of 31 October 2025	Deemed eligible person that owned the existing pharmacy business - Applies to corporate owners who have corporate shareholders or corporate beneficiaries within a trust arrangement that meets the eligibility criteria	Within two years of PBO Act commencing (by 31 October 2027)	Sections 214 and 216
Existing pharmacy business under 2001 Act as of 31 October 2025	New owner (e.g. a person purchasing an ownership interest) that is an eligible person	Prior to settlement	Sections 10 and 15
New pharmacy business	New owner that is an eligible person	Prior to commencement of trading	Sections 10 and 15

# Application for a pharmacy business licence

## Approved Form 1

- A - Business details
- B - Eligible persons and business arrangements
- C - Applicant details
- D - Applicant is a trustee
- E - Beneficiaries
- F – Other material interest holders
- G - Authorised representatives
- H - Consent and declaration
- I - Document checklist



## Annexures

- A - Confirmation of identity
- C(i) - Natural person
- C(ii) - Mater/friendly society
- C(iii) - Corporation
- D – Trustee Owner
- E - Beneficiaries
- F – Other material interest holders



Fit and Proper  
Persons  
Details Form

Supporting  
documentation



Scan the QR  
code to access  
application forms  
and Guidance  
Notes



# Part A - Pharmacy business details

## Pharmacy business details

Pharmacy business details	YES	NO
Does the business have a registered business name under the <i>Business Names Registration Act 2011</i> (Cth)?	<input type="radio"/>	<input type="radio"/>
<i>If 'Yes', specify registered business name:</i> _____		
Does the business have a trading name?	<input type="radio"/>	<input type="radio"/>
<i>If 'Yes', specify trading name:</i> _____		
Australian Business Number (ABN):	_____	
Business phone number:	_____	
Business email address:	_____	
Premises details		
<b>Address of the premises at which the pharmacy business is, or is to be, carried on:</b>		
Address: _____		
Town/suburb:	State: QLD	Postcode: _____
	YES	NO
Are the premises located in, or directly accessible from, a supermarket?	<input type="radio"/>	<input type="radio"/>
<i>If 'Yes' contact the Council for advice.</i>		
Do the premises meet the standards set out in the <i>Pharmacy Business Ownership Regulation 2025</i> (Qld)?	<input type="radio"/>	<input type="radio"/>
Further information can be found here: <a href="https://www.legislation.qld.gov.au/browse/inforce#/sl/title/p">https://www.legislation.qld.gov.au/browse/inforce#/sl/title/p</a>		
<i>If 'No', contact the Council for advice.</i>		

## Registered business name vs trading name



## Pharmacy Business Ownership Regulation 2025 - standards for premises



## Guidance Note – Standards for premises



# Part A - Pharmacy business details (cont.)

See Guidance Note – Approved Form 1 for more information on pharmacy services



View the Council's Statement of regulatory approach



## Part A. Pharmacy business details (continued)

	YES	NO
Is Pharmaceutical Benefits Scheme (PBS) approval held?	<input type="radio"/>	<input type="radio"/>
<i>If 'Yes', provide PBS approval number:</i> <input type="text"/>		

### Pharmacy services provided, or to be provided, at the premises

*Please select all that apply*

- Dispensing** by or under the supervision of a practising pharmacist, of medicines to members of the public
  - Therapeutic nicotine  Medicinal cannabis  Opioid treatment program
- Compounding** of medicines for sale to members of the public
  - Simple  Complex  Sterile  Medicinal cannabis
- Selling of medicines** by or under the supervision of a practising pharmacist, to members of the public, other than on prescription
  - Therapeutic nicotine  Urinary Tract Infection Community Pharmacy Service
- Administration**
  - Medicines  Immunisation medicines  Fluoride Community Pharmacy Service
- Prescribing**
  - General Health Community Pharmacy Services (including acute common condition services and health and wellbeing services)
  - Hormonal Contraception Community Pharmacy Service
  - Community Pharmacy Chronic Conditions Management Pilot
- Other** (please provide details):
- Medicines supplied by post or courier (indirect supply)**
- Repackaging (e.g. dose administration aids)**
  - At premises  Third-party packing service
- Wholesaling**
- Other** (please provide details):



# Part B – Eligible persons and business arrangements

## Eligibility to apply for a pharmacy business licence

Identify the types of persons applying for a licence (Please select all that apply)

- A **natural person** who is a:
- Practising pharmacist; or
  - Eligible non-practising pharmacist

A *practising pharmacist* is a person who is registered under the Health Practitioner Regulation National Law to practise in the pharmacy profession with general registration

See guidance material for information about eligible non-practising pharmacists

- A **corporation** whose directors and shareholders are all practising pharmacists (or eligible non-practising pharmacists)

- A **corporation**:
- whose directors and shareholders are a combination of:
    - practising pharmacists (or eligible non-practising pharmacists); and
    - close adult relatives of practising pharmacists (or of eligible non-practising pharmacists); and
  - in which the majority of shares, and all voting shares, are held by practising pharmacists (or eligible non-practising pharmacists).

A *close adult relative*, of a pharmacist, means a spouse or an adult child of the pharmacist

- A **friendly society** that, on 29 April 2005, carried on a pharmacy business in Queensland or another State

A *friendly society* means a corporation:

- that is registered under the *Corporations Act 2001* (Cth) under a name that includes the words 'friendly society'; and
- that is not carrying on business for the dominant purpose of securing a profit or pecuniary gain for its members; and
- for which any object or intention of providing a dividend to its members is a limited, and not a dominant, purpose; and
- that applies its property and income towards the objects of the corporation.

- A **friendly society** that is an amalgamation of two or more friendly societies mentioned above

- Mater Misericordiae Ltd** (ACN 096 708 922)

Structure 1: Partnership of 2 natural persons

Structure 2: One corporation with 2 directors and shareholders are all practising pharmacists



# Part B – Eligible persons and business arrangements (cont.)

## Part B. Eligible persons and business arrangements (continued)

Documents required for Part B			
Mandatory document		YES	
Ownership structure diagram which identifies the owners of the pharmacy business. The ownership diagram should also identify partnerships, joint ventures and any ownership interests in the business which are held on trust (including shares in corporations), including the name of the relevant trust.	copy attached	<input type="checkbox"/>	
Additional document/s (if required)		YES	N/A
For ownership structures including partnerships – any Partnership Agreement	If 'Yes', copy attached	<input type="checkbox"/>	<input type="checkbox"/>
For ownership structures including trusts: <ul style="list-style-type: none"> <li>any Trust Deed and any amendments to the Trust Deed</li> <li>for any unit trust, current register of unit holders (which includes the names of all unit holders and the number of current units held by each)</li> </ul>	If 'Yes', copy attached	<input type="checkbox"/>	<input type="checkbox"/>
For any other ownership structure – any document outlining the nature of the arrangement	If 'Yes', copy attached	<input type="checkbox"/>	<input type="checkbox"/>
Franchise agreement or licence, or such other arrangement to use a third-party trademark, banner or branding (i.e. trading under a banner brand owned by a third party)	If 'Yes', copy attached	<input type="checkbox"/>	<input type="checkbox"/>
Any other agreement, document or arrangement (e.g. Power of Attorney, service agreement, loan or other finance agreement, profit-sharing arrangement or other third-party arrangement) which evidences: <ul style="list-style-type: none"> <li>the existence of a material interest holder in the pharmacy business and/or</li> <li>any arrangements that may contravene section 22 (prohibited activities)</li> </ul>	If 'Yes', copy attached	<input type="checkbox"/>	<input type="checkbox"/>

Structure 1: Partnership of 2 natural persons

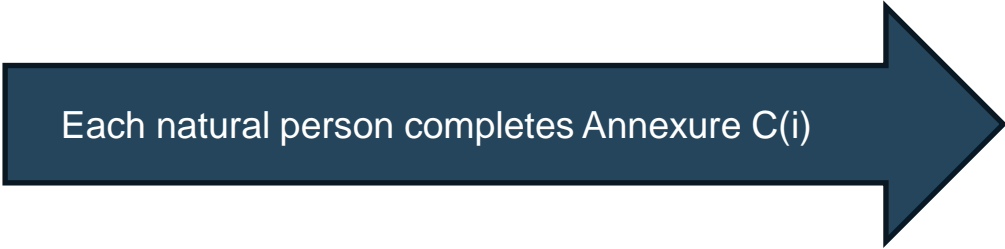
Structure 2: One corporation with 2 directors and shareholders are all practising pharmacists



# Part C - Applicant details

## Structure 1 – Partnership of 2 natural persons

C(i) Applicant is a natural person		YES	NO
The applicant is a natural person	<i>If 'Yes', complete <b>Annexure C(i): Applicant is a natural person</b></i>	<input checked="" type="radio"/>	<input type="radio"/>
How many natural person/s are making this application: <input type="text" value="2"/>			



Each natural person completes Annexure C(i)

# Annexure C(i) - Applicant is a natural person

## Structure 1 – Partnership of 2 natural persons

### C(i) Applicant is a natural person

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

Given name/s: \_\_\_\_\_

Preferred name/s: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Postal address: \_\_\_\_\_

Town/suburb: \_\_\_\_\_ State: QLD \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

YES	NO
<input type="radio"/>	<input type="radio"/>

Do you hold an ownership interest or material interest in any other pharmacy business/es (i.e. other than the pharmacy business which is the subject of this application)?

If 'Yes', provide details:

### C(i) Applicant is a natural person (continued)

Please select which of the following statements applies to you:

- A practising pharmacist with Ahpra registration
- An eligible non-practising pharmacist with Ahpra registration

Ahpra registration number: \_\_\_\_\_

YES	NO
<input type="radio"/>	<input type="radio"/>

Is the Ahpra registration subject to any conditions?

If 'Yes', provide details:

Each natural person also completes Annexure A - Confirmation of identity and the Fit and Proper Person Details Form

# Annexure A – Confirmation of identity and Fit and Proper Persons Details Form

Queensland Pharmacy  
Business Ownership Council

Pharmacy Business Ownership Act 2024  
Approved Annexure A  
Version 1, October 2025

## Annexure A: Confirmation of identity

### Privacy collection notice – please read carefully.

In addition to the Queensland Pharmacy Business Ownership Council (Council's) obligations in respect of confidential information under the Pharmacy Business Ownership Act 2024 (PBO Act), the Council is also subject to the Information Privacy Act 2009 (IP Act) in how the Council collects, uses, discloses, stores, manages and deals with personal information. The requirements of the IP Act are reflected across all aspects of the Council's personal information processes and procedures.

The personal information provided in, and with, this form is collected by the Council under the PBO Act. The Council will use this information for the purposes of administering the PBO Act, including to assess your application or notification under the PBO Act and to communicate with you about the Council and the PBO Act. If you do not provide some or all of the information requested in this form, the Council will not be able to assess your application or notification. All personal information collected by the Council is processed and stored in Australia.

Your personal information may be disclosed by the Council to authorities of any Australian State or Territory, or of the Commonwealth (including for the purpose of requesting a criminal history check). The Council will only disclose your personal information with your consent or as otherwise permitted by the PBO Act and the IP Act.

Further information about the Council's personal information practices, and its commitment to dealing with personal information in accordance with the IP Act, can be found in the Council's Privacy Policy, available here: <https://www.pboc.qld.gov.au/about-us/corporate-information/policies-and-registers/privacy-policy>

The Privacy Policy contains information about how you may seek access to, or correction of, your personal information held by the Council, how you may make a privacy complaint, and how the Council deals with privacy complaints.



Annexure A: Confirmation of identity  
Pharmacy Business Ownership Act 2024

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V11002025

Queensland Pharmacy  
Business Ownership Council

Pharmacy Business Ownership Act 2024  
Approved Fit and proper person details  
Version 1, October 2025

## Fit and proper person details

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Fit and proper person details  
Pharmacy Business Ownership Act 2024

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## Part C - Applicant details

Structure 2 – A corporation with 2 directors and shareholders who are practising pharmacists

C(iii) Applicant is a corporation	YES	NO
The applicant is a corporation  <i>If 'Yes', complete Annexure C(iii): Applicant is a corporation</i>	<input checked="" type="radio"/>	<input type="radio"/>
How many corporation/s are making this application: <input type="text" value="1"/>		



Each corporation completes Annexure C(iii)



# Annexure C(iii) - Applicant is a corporation

## Structure 2 – A corporation with 2 directors and shareholders who are practising pharmacists

Company details	YES	NO
Company name: <input type="text" value="Natalie Pty Ltd"/>		
Australian Company Number (ACN): <input type="text" value="123 456 7"/>		
Does this corporation hold an interest in any other pharmacy business/es (i.e. other than the pharmacy business which is the subject of this application)?	<input type="radio"/>	<input checked="" type="radio"/>
<i>If 'Yes', provide details:</i>		

Eligibility	YES	NO
Are all directors and shareholders of the corporation practising pharmacists (or eligible non-practising pharmacists)?	<input checked="" type="radio"/>	<input type="radio"/>
<b>If 'No',</b> does the corporation satisfy <b>both</b> of the following criteria:	<input type="radio"/>	<input type="radio"/>
(i) the directors and shareholders of the corporation are a combination of practising pharmacists (or eligible non-practising pharmacists) and close adult relatives of practising pharmacists (or of eligible non-practising pharmacists); and		
(ii) the majority of shares, and all voting shares, are held by practising pharmacists (or eligible non-practising pharmacists)?		

Attach ASIC current search for company

Each director and shareholder completes contact details and information about Ahpra registration

Executive officer, director and shareholder completes Annexure A - Confirmation of identity and the Fit and Proper Person Details Form



## Part D, E, F – Trusts, beneficiaries and other material interests

### Trusts

- Complete Part D and Annexure D for each trustee applicant
- Complete Part E and Annexure E for each beneficiary
- Provide relevant trust documents
- Each beneficiary completes Annexure A - Confirmation of identity

### Material interest holders

- Identify any interests that entitle a person to receive consideration which varies according to the profits or takings of the business
- Complete part F and Annexure F for each material interest holder
- Each material interest holder completes Annexure A - Confirmation of identity



## Parts G, H and I

Part G –  
Authorised  
representative

Part H –  
Consent and  
declaration

Part I –  
Document  
checklist



# Summary

## Summary of forms and annexures to be completed

Person	Approved Form 1	Annexure A	Annexure C(i)	Annexure C(ii)	Annexure C(iii)	Annexure D	Annexure E	Annexure F	Fit and Proper Person Details Form
Applicant (natural person)	✓	✓	✓			If applicable			✓
Applicant (corporation)	✓ (EO)	✓ (EO)			✓ (EO)	If applicable			✓ (EO)
Applicants (the Mater or a friendly society)	✓ (EO)	✓ (EO)		✓ (EO)		If applicable			✓ (EO)
Director (the Mater or a friendly society)		✓							✓
Director of corporate applicant		✓			✓				✓
Shareholder of a corporate applicant		✓			✓				✓
Beneficiary of a trust		✓					✓		
Other material interest holder		✓						✓	

EO – Executive officer of the corporation with authority to act on behalf of the corporation

# How to apply for a pharmacy business licence

On the Council's website under the heading 'Apply for a licence', there are 8 steps in the licence application process:

1. Download **Approved Form 1 – Application for a pharmacy business licence** and relevant annexures
2. Download **Fit and Proper Person Details Form**
3. Review the guidance material on how to complete the forms
4. Prepare application by completing relevant forms, annexures and gathering supporting documents
5. Register to securely upload the application via Kiteworks
6. Use the Kiteworks link received by email to upload application securely
7. Pay the application fee advised by the Council via BPOINT and keep a copy of the receipt
8. Respond to requests from the Council and await decision.

After steps 1-8 have been completed, the Council will assess and decide your application.

[Home](#) > [Licences](#) > [Apply for a licence](#)

## Apply for a licence

5. Register to securely upload the application via Kiteworks.

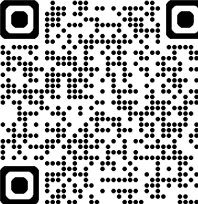
\* Full name

\* Email address

\* Business name

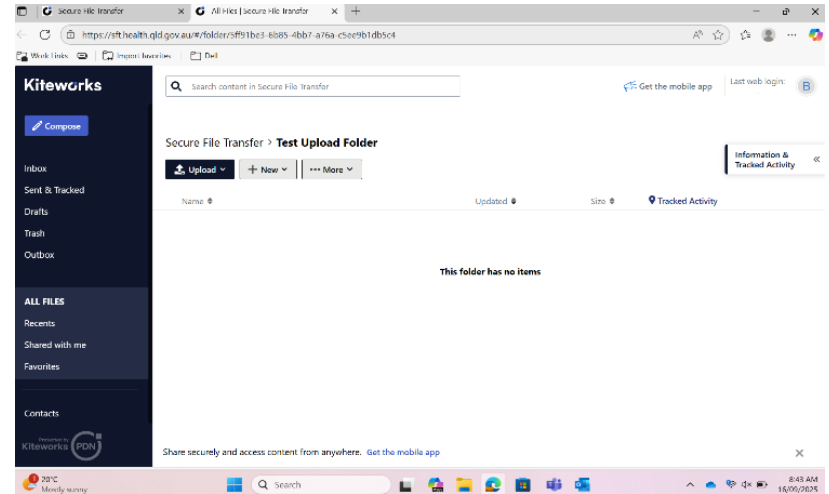
\* Business address

Scan the QR code to view the 'Apply for a licence' webpage



# How to apply for a pharmacy business licence (con't)

- Register to securely upload your application via Kiteworks. After registering your details, you will be sent a Kiteworks link via the email address supplied, with information specifying how to upload your application. The email address you will be sent this link from is: [applications@pboc.qld.gov.au](mailto:applications@pboc.qld.gov.au)
- The Council will email you to advise you what fee you must pay. You must pay the fee via BPOINT – ensure you keep a copy of your receipt.
  - The fees are set out in the *Pharmacy Business Ownership Regulation 2025* in fee units
  - Licence and renewal application fees vary based on the complexity of the ownership structure
- The Council may require further information to decide your application for a pharmacy business licence. The Council will email you with any requests for information.



Scan the QR code to view the 'Fees' webpage





## Further information

Council's website	Subscribe to Council updates
	

Email: [enquiries@pboc.qld.gov.au](mailto:enquiries@pboc.qld.gov.au)