

Cannabis Retail License Application

Please note: Incomplete or illegible applications will be returned to the applicant. Your application is one of many that we receive, and will be processed in the order they are received.

I / We hereby apply for a CANNABIS Retail License

Property Details

Civic Address _____

Legal Description _____

Electoral Area _____ PID _____

CVRD Requirements

When providing Application Forms to the applicant, Regional District staff shall indicate which of the following attachments are required for this application. **Additional information may also be required at a later date.**

	Required	Received	Details
Basic Requirements	x		Notification of Cannabis Retail License application received from LCRB
	x		Complete CVRD application form
	x		Application fee as required by Fees Bylaw No. 4267
	x		Copy of current State of Title Certificate (issued within last 30 days)
	x		Copy of completed Liquor & Cannabis Regulation Branch application form

Office Use Only	Date Received	File Type CANNABIS Staff Accepting Application:
	Receipt No.	
	Fees Paid: \$	

Owner and Agent Contact Information

Owner's
Contact
Information

Name of Owner	Phone Number	
Address	City	
Email	Postal Code	

Agent's
Contact
Information

Name of Agent	Company	
Address	Phone Number	
Email	Postal Code	

Owner and Agent Declaration

The property described above is the subject of this application and is referred to herein as the 'subject property'. This application is made with my full knowledge and consent. I declare that the information submitted in support of the application is true and correct in all respects. By completing this application form, the owner and/or applicant hereby is aware and authorizes site inspections to be conducted by Regional District staff as appointed by the Regional Board.

Personal Information Declaration: This information is collected pursuant to Part 14 of the *Local Government Act* and *CVRD Development Application Procedures* and Fees Bylaw No. 4267. This information has been collected and may form part of the public record and may be included in a meeting agenda that is posted online when this matter is considered before the Board or a Committee of the Board. I hereby consent that all information, including personal information, contained in this document including all attachments maybe made available to the public. Note: For more information on disclosure, contact the CVRD FOI Coordinator at 250.746.2507 or 1.800.665.3955.

Owner's
Declaration

Name of Owner (print)	Signature of Owner	Date
Name of Owner (print)	Signature of Owner	Date

Agent's
Declaration

Signature of Agent	Date
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I, the owner, hereby give permission to _____ to act as my/our agent in all matters relating to this application.

Signature of Owner	Date
Signature of Owner	Date