

CONSENT FOR CANNABIS SECURITY SCREENING: LICENCE APPLICANT AND ASSOCIATES

Personal Information			
Surname	Given Name (1)		Given Name (2)
Aliases	Maiden Name/Other S	urnames	
Place of Birth	Date of Birth (yyyy/mm/d	dd)	Sex
Driver's Licence Number (leave blank if none)	Drimary Dhana Numba	Or Cod and a del	F M Other Email Address
Driver's Licence Number (leave blank if none)	Primary Phone Numbe	et (inci. area coae)	Email Address
Non-medical Cannabis Licence Application	Information		
Reference Number The application ("job") number the	LCRB gave the applicant	Address The physical add	ress of the proposed store (marketing applicants can leave blank,
Command Markey or Addisons			
Current Mailing Address			
Street Address (e.g. 1234 Street Name). Includ	le unit number if applicab	ole.	City
Province/State	Postal Code/Zip Code		Country
Flovince/state	rostai Code/Zip Code		Country
Have you resided outside of British Columb If yes, please provide the city, province/sta			
space is needed, please complete your add			ded outside of British Columbia. If more
City			Province/State
Country			Year
City			Province/State
Country			Veer
Country			Year
City			Province/State
			1.6vince, state
Country			Year



CONSENT FOR CANNABIS SECURITY SCREENING: LICENCE APPLICANT AND ASSOCIATES

Collection Notice:

The Security Programs Division (SPD) will collect your personal information for the purpose of fulfilling the requirements of the Cannabis Control and Licensing Act (CCLA) and associated regulations in cannabis licensing, and compliance and enforcement matters in accordance with sections 26(a) and (c) of the Freedom of Information and Protection of Privacy Act (FoIPPA) and section 10 of the CCLA, and section 20 of the Cannabis Licensing Regulation. Additionally, SPD may collect personal information under section 26(e) of FoIPPA for the purpose of evaluating the Liquor and Cannabis Regulation Branch (LCRB) programs and activities to better serve you. Should you have any questions about the collection, use, or disclosure of personal information, please contact the Senior Policy Analyst, Security Programs Division via mail to PO Box 9217 Stn Prov Govt Victoria, BC V8W 9J1; email to cannabissecurityscreening@gov.bc.ca; or by telephone at 1-855-587-0185.

Declaration and Consent:

I, the undersigned, authorize the collection of any and all information related to the security screening checks in support of this application by the Royal Canadian Mounted Police (RCMP) and other federal government institutions under the Privacy Act for the purpose of conducting a check of criminal investigations, charges, convictions and information in police databases including incidents that did not result in conviction. I also authorize the provision of my personal information on this application by the BC Municipal Law Enforcement Agencies as well as other authorized public bodies under FoIPPA for the same purpose.

I consent to the disclosure to the SPD and LCRB by the RCMP, the BC Municipal Law Enforcement Agencies as well as other authorized public body agencies of any personal information related to my security screening checks under the Privacy Act, FoIPPA, and other relevant applicable provincial and federal legislation. The personal information may include: (a) criminal record check or fingerprint- based criminal record verification by searching the Canadian Police Information Centre database; (b) a police information check, including the Police Records Information Management Environment (PRIME-BC) and the Police Reporting and Occurrence System (PROS); (c) a check of intelligence databases maintained by law enforcement agencies. The security screening checks could result in disclosure of any information in the named database regardless of whether a conviction resulted.

Note that as part of the security screening process, SPD will also complete a check of records in the justice information system of the Ministry of Attorney General and in the corrections information system of the Ministry of Public Safety and Solicitor General.

I certify that, to the best of my knowledge, the information I have provided on my application and will provide as necessary is complete, honest and accurate. I understand that a false statement or omission of facts herein may be grounds for a finding that the applicant is not fit and proper, which could lead to a denial of a cannabis retail licence pursuant to the CCLA. I am also aware that later discovery of an omission or misrepresentation may be grounds for a finding that an applicant or licensee is not fit and proper, which could lead to enforcement action such as the suspension or cancellation of a licence.

Applicant's Name (please print)	Applicant's Signature	 Date Signed	