Liquor and Cannabis Regulation Branch
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CANNABIS SCREENING FORM

Liquor and Cannabis Regulation Branch Form LCRB004

Purpose of this form and who must complete it:

This form collects personal history information for individuals in respect of a cannabis licence application or licence.

- Where the business is operated by an individual through a sole proprietorship, the individual sole proprietor completes this form as the applicant or licensee.
- In all other cases, the individual required to complete and submit this form does so as:
  - an associate of the applicant or licensee, whether the business is operated through a sole proprietorship, partnership, corporation or Indigenous nation or
  - an individual having a connection to an associate of the applicant or licensee.

"Associate" in respect of an applicant or a licensee, means a person who, in the General Manager's or security manager's opinion,
a) may have direct or indirect influence over the applicant or licensee,
b) may be able to affect, directly or indirectly, the activities carried out under the licence applied for or held, or
c) may have a prescribed direct or indirect connection to the applicant or licensee;

Associate includes, but is not limited to, circumstances where the individual:

- is a significant shareholder of the applicant/licensee, or a significant shareholder of a significant shareholder of the applicant/licensee.
- is an immediate family member of the applicant/licensee or an immediate family member of a significant shareholder of the applicant/licensee with a financial interest in the applicant/licensee.

Note: A "significant shareholder" is a defined term in s. 6(1) of the Cannabis Licensing Regulation.

Before you apply:

You must obtain your **Police Information Check (PIC)** (completed within the last 6 months) from your local RCMP detachment, police department, or a **Criminal Records and Judicial Matters Check (CRJMC)** from the Commissionaires. Your completed **Police Information Check** and **Cannabis Screening** form must be submitted with your cannabis licensing application(s). If you live/have lived outside of Canada, provide the alternate documentation as directed on page 2.

Note: At any time, the LCRB may require you to consent to subsequent criminal record and other investigatory checks.

Instructions:

- Ensure you answer all questions; question(s) left blank will result in the form being considered incomplete which will cause delays
- Read then sign the Declaration on page 3
- Attach all supporting documentation as directed
- Form may be completed electronically and saved to your computer
- Upload completed form to the application in the liquor and cannabis licensing portal

A criminal record does not automatically disqualify you from LCRB approval. The LCRB reviews each case individually, considering factors like the offence's severity, timing, and relevance to the responsibilities of holding a cannabis licence.

Name of (proposed) licensed establishment or marketing licence:

Legal Entity Name: (i.e. sole proprietor, partnership, private corporation, society)

Licence or Job #: (not applicable if application is not already in progress)

Are you filling out this form as a sole proprietor, an associate of an applicant/licensee or an individual having a connection to an associate of the applicant/licensee?

Full name: (last / first / middle)

Gender (Please check): M ☐ F ☐ Other ☐ Birthdate: (year / month / day)

Last name at birth:

First and middle names at birth:

Other names used:

Current residence address:

Street City

Province / Country Postal Code

Contact telephone numbers (business/home/cell:

E-mail address:

For questions 1-4, any required documentation is identified by letters A, B and C which correspond to the lettered list of documents in the box below on the next page.

1. Do you currently live in Canada? Yes ☐ No ☐

   If Yes - Lived in Canada for more than the past 5 years, attach the following document(s) from the section below: **A**
   Lived in Canada for less than the past 5 years, attached the following document(s) from the section below: **A** & **B**

2. Do you currently live outside of Canada? Yes ☐ No ☐

   If Yes - Never lived in Canada, attach document(s) from the section below: **B**
   Lived in Canada at any time, attach document(s) from the section below: **A** & **B**

3. Have you ever been charged with, or convicted of, a criminal or drug/alcohol related offence under the laws of any country outside of Canada, or the laws or bylaws of any provincial, state or local government? Yes ☐ No ☐

   If Yes - Attach the following document(s) from the section below: **B(ii)**

4. Have you received any alcohol/drug related driving infractions in the past 5 years in Canada or under the laws of any other country or jurisdiction? Yes ☐ No ☐

   If Yes - Attach the following document(s) from the section below: **B(iii)** and/or **C** as applicable

If you answered YES to questions 1, 2, 3 or 4 above, attach the document(s) with the corresponding letter as applicable:

A. Your completed **Police Information Check** obtained (within the last 6 months) by contacting your local RCMP detachment or police department **OR** a **Canadian Criminal Record and Judicial Matters** check from the Commissionaires.

B. A statutory declaration, signed by a lawyer, Notary Public or Commissioner for Taking Affidavits:
i) stating you have not been charged with, or convicted of a criminal or drug/alcohol-related offence under the laws of any country or the laws/bylaws of any provincial, state or local government; **OR**
ii) providing details (date, disposition, sentence or fine) of any charges/convictions/sentences; **AND/OR**
iii) providing details of any alcohol/drug related driving infractions in the past 5 years.

C. A copy of your driver's abstract for the past 5 years, if you have held a Canadian driver's licence in that time. For B.C. driver's abstracts contact ICBC **http://www.icbc.com/driver-licensing/getting-licensed/Pages/Your-driving-record.aspx** or 1-800-663-3051; otherwise contact the applicable Canadian jurisdiction(s).

5. Do you hold a federal cannabis licence? (for example, cultivation, processing and/or sale for medical purposes)

   Yes ☐ No ☐

6. Have you ever been refused a security clearance for a federal cannabis licence?

   Yes ☐ No ☐

7. Do you or your immediate family members currently have any association, connection, or financial interest in a federally licensed producer of cannabis?

   This includes:

   - Directly holding voting shares in a federal producer
   - Indirectly holding voting shares in a federal producer. For example, through a subsidiary
   - Having a beneficial interest in a federal producer. For example, through a trust or data deal
   - A federal producer with a beneficial interest in the proposed establishment
     - Immediate family members include spouses, parents, siblings, children, sons-in-law and daughters-in-law

   Yes ☐ No ☐

   If yes, provide the name of the federal producer, the type of shares, percentage of ownership, and any other details about the holding of voting shares.

(Attach a separate sheet to this application if additional space is required.)

Note: If you are submitting an application for a marketing licence, please select "N/A" for questions **8** and **9**. All applicants must answer "Yes" or "No" for question **10**.

A licensee can only hold or have an interest in a maximum of eight (8) Cannabis Retail Store licences. A Cannabis Retail Store franchisor cannot have more than 8 franchises. The Cannabis Retail Store licence restriction does not apply to Producer Retail Stores. A federal producer can hold one Producer Retail Store licence for each eligible federal production licence they hold.

8. Do you or a group of related persons hold, or have control over, more than 8 non-medical cannabis retail store applications/licences or have influence over licensees who hold more than 8 non-medical cannabis retail store applications/licences?

   Note: A "group of related persons" is a defined term in s. 2.1 of the Cannabis Licensing Regulation.

   Yes ☐ No ☐ N/A ☐ If yes, provide details:

(Attach a separate sheet to this application if additional space is required.)

9. Has the general manager determined you to be an associate of any other non-medical cannabis retail store application/licence in British Columbia?

   Examples of you being an associate of another non-medical cannabis retail store application/licence includes, but is not limited to, circumstances where:

   - You are a significant shareholder, or a significant shareholder of a significant shareholder of another applicant/licensee.
   - You are an immediate family member of another applicant/licensee, or an immediate family member of a significant shareholder of another applicant/licensee with a financial interest in that other applicant/licensee.

   Yes ☐ No ☐ N/A ☐ If yes, provide details:

(Attach a separate sheet to this application if additional space is required.)

10. Have you entered into a Shareholder Agreement, Profit Sharing Agreement or other similar agreement with anyone not named in the licence application?

Yes ☐ No ☐ If yes, provide details:

(Attach a separate sheet to this application if additional space is required.)

Declaration

Section 22(2) of the Cannabis Control and Licensing Act states: “A person must not submit to the general manager an application, or information or a record included as part of the application, that contains false or misleading information or fails to disclose a material fact”.

Signature of Individual: _____ Date: _____
(Year/Month/Day)

The information requested on this form is collected by the Liquor and Cannabis Regulation Branch under Section 26 (a) and (c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of cannabis licensing and compliance and enforcement matters in accordance with the *Cannabis Control and Licensing Act*. Should you have any questions about the collection, use, or disclosure of personal information, please contact the Freedom of Information Officer at PO Box 9292 STN PROV GVT, Victoria, BC, V8W 9J8 or by phone toll free at 1-866-209-2111.