

**INSTRUCTIONS**

This form is for retail store licence applicants. Complete a Financial Integrity form for the applicant business. Complete all applicable fields of this application form and attach any additional documentation as clearly identified attachment or separate file. To save when complete, choose "save as".

Name

**Registered Address**

Street

City

Province/State

Postal Code/Zip Code

Country

**Retail Store Application Information**PID *Address or Parcel Identifier (PID) of the proposed cannabis store***PART 1: JURISDICTION**

If the applicant is a corporation, has the corporation previously conducted business outside of BC or is the corporation presently conducting business outside of BC?

Yes    No

*If Yes - Provide the name of each jurisdiction:*

**PART 2: SHARES AND SHAREHOLDERS**

If the business is a corporation, does the corporation have any shares that carry options or warrants that will be vested upon licensing?

Yes    No

Upload documentation showing the terms of any stock options or warrants including:

Shareholder name

Rights and privileges attached to the shares

Number of shares

**PART 3: FINANCIAL**


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Business Accounts - Identify all current accounts at financial institutions

Name of Institution		
<b>Branch Address</b>		
Street		City
Province/State	Postal Code/Zip Code	Country
<b>Account Information</b>		
Type of Account		Account Number

Name of Institution		
<b>Branch Address</b>		
Street		City
Province/State	Postal Code/Zip Code	Country
<b>Account Information</b>		
Type of Account		Account Number

Name of Institution		
<b>Branch Address</b>		
Street		City
Province/State	Postal Code/Zip Code	Country
<b>Account Information</b>		
Type of Account		Account Number

If more than 3 accounts, attach as separate document

**Accountant** *Who does the accounting?*

Name of Person or Firm		Email Address	Phone Number
Street Address			City
Province/State	Postal Code/Zip Code	Country	

**Book Keeper** *Who does the bookkeeping?*

Name of Person or Firm		Email Address	Phone Number
Street Address			City
Province/State	Postal Code/Zip Code	Country	

**PART 4: TAXES**

Are taxes completed in house or externally?

 In House     Externally

Name of Person or Firm Responsible for Filing	Email Address	Phone Number
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**PART 5: FUNDING & DEBT**
**Funding Sources**

If more than four funding sources, please attach information as clearly identified attachment or separate file. Type of Funding includes capital investment, continuing operations, personal savings, outstanding loans, fully repaid loans, gifts, and co-ownership of property

Type of Funding	Amount of Funding (CAD\$)
Type of Funding	Amount of Funding (CAD\$)
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Attach documents demonstrating the transmission, receipt, and repayment (if any) of these funds including cheques, drafts, bank transfers, bank deposits, related bank statements, and any governing documents (i.e. loan agreements).

Has the business loaned monies, equipment or assets to any persons or businesses?

Yes      No

If **Yes**, complete the following:

(If more than one, please attach information as clearly identified attachment or separate file.)

Was the loan for a person or business?		Name of Recipient	
Person	Business		
Street Address			City
Province/State	Postal Code/Zip Code	Country	
Reason for Loan		Terms of the Loan	

Does the business have any of the following? *Mark all that apply*

Liens                       Conditional Guarantees  
 Securities                 Other interests caused by debt

If **any of the above**, complete the following:

(If more than one, please attach information as clearly identified attachment or separate file.)

Name of Business or Individual that Holds the Debt	Occupation or Business of Debt Holder
Relationship to the Business	Amount (CAD\$)
Attach any agreements related to these interests	

Are there any other companies, persons, or legal entities that have any legal interest or financial capital in the business other than what has been disclosed?

Yes      No

If **Yes**, complete the following fields for the company, person, or legal entity:

(If more than one, please attach information as clearly identified attachment or separate file.)

Name	Occupation or Business
Relationship to the Business	Amount (CAD\$)
Attach any agreements related to these interests	

**PART 6: CANNABIS RETAIL STORE LICENCE RESTRICTION**

For Sole Proprietors only:

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.

Does the sole proprietor have any connection, association or financial interest in another licence or application for a licence for a non-medical Cannabis Retail Store in British Columbia?

Yes      No

**i** This includes, but is not limited to:

- The sole proprietor is a significant shareholder, or a significant shareholder of a significant shareholder of another applicant/licensee.
- The sole proprietor has any immediate family member that has any financial interest in another applicant/licensee.

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

If more than one, please attach information as clearly identified attachment or separate file.

If yes, please describe any other applications and the sole proprietor's connection to the application:

**Privacy Collection Notice**

The information requested on this form is collected by the Liquor and Cannabis Regulation Branch under Sections 26 (a) and (c) of the Freedom of Information and Protection of Privacy Act for the purpose of cannabis licensing, 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.