

## INSTRUCTIONS

This partnership is identified as an associate of an applicant for a retail store licence for cannabis. Complete all fields and save as high quality PDF.

## DOCUMENT CHECKLIST

In addition to this form, provide the LCRB with the following documents.  
All documents must be readable and submitted in high-quality PDF format.

### Associate Form

A completed "Associate Organization Assessment" form (this form)

### Documents Related to Your Partnership

Partnership Agreement

List of **all** key personnel of the partnership

*Key personnel are those people having authority and responsibility for planning, directing, and controlling the activities of the partnership, either directly or indirectly*

*Examples of key personnel may include chief executive officer, vice president, senior manager*

Document of organization structure showing the partnership's business relationships:

*Must include all parent companies, holding companies, subsidiaries and partnerships*

*For each company, include:*

- o Company name*
- o Relationship to the partnership applying for the licence (e.g. subsidiary)*
- o Percentage of ownership in the partnership applying for the licence*

### Financial Documents

Completed Business Financial Integrity form

*The form and instructions can be found at:*

<https://www2.gov.bc.ca/gov/content?id=B8E6EBE15A594CB7832B490C0A2815B2>

### Consent for Cannabis Security Screening Forms

Completed "Consent for Cannabis Security Screening" forms for the following individuals:

*If the partnership is a general or a limited liability partnership: All partners*

*If the partnership is a limited partnership: All general partners and all limited partners holding a 10% or greater interest in the partnership*

*The form and instructions can be found at:*

<https://www2.gov.bc.ca/gov/content?id=B8E6EBE15A594CB7832B490C0A2815B2>

### Financial Integrity Forms

Completed "Associate Financial Integrity" forms for the following individuals:

*If the partnership is a general or a limited liability partnership: All partners*

*If the partnership is a limited partnership: All general partners and all limited partners holding a 10% or greater interest in the partnership*

*The form and instructions can be found at:*

<https://www2.gov.bc.ca/gov/content?id=B8E6EBE15A594CB7832B490C0A2815B2>

Completed "Associate Organization Assessment" forms for the following:

*If the one or more of the partners is a private corporation, public corporation, partnership or society, all of those shareholders must submit additional documentation*

*Partners' documentation must be submitted separately from the application*

*Please direct the above partners to <https://www2.gov.bc.ca/gov/content?id=B8E6EBE15A594CB7832B490C0A2815B2> for instructions for submitting their documentation*

## Attestation Forms

Completed “Identity Verification” and “Witness of Signature” forms for the following individuals:

*If the partnership is a general or a limited liability partnership: All partners*

*If the partnership is a limited partnership: All general partners and all limited partners holding a 10% or greater interest in the partnership*

The form and instructions can be found at:

<https://www2.gov.bc.ca/gov/content?id=B8E6EBE15A594CB7832B490C0A2815B2>

### 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.

**PART 1: INFORMATION ABOUT THE LICENCE APPLICATION**

Get the information below from the applicant

**Reference Number**
*The application (or "job") number the LCRB gave the applicant.*

**Address**
*The physical address of the applicant's proposed store.*

**PART 2: DETAILS OF THE PARTNERSHIP**

Complete all fields. Fields that are incomplete or incorrect will cause delays.

**Business Number**
*9 digit number from the Canada Revenue Agency*

**Partnership Type**
 General

 Limited

 Limited Liability

**Business Contact**
*The name and contact information of the person the LCRB should contact for ongoing communications*
**Contact Person**

**Phone**

**Email**

**Mailing Address**
*The address for snail mail, including where licence renewal notifications will be sent.*
**Applicant/Partnership Name**

**Address**

**City**

**Country**

**Province/State**

**Postal Code/ZIP Code**

**PART 3: PARTNERS**

If the applicant is a **general partnership**, include the following information for **all general partners**.

If the applicant is a **limited partnership**, include the following information for:

- o All general partners
- o Limited partners holding at least a 10% interest

If the applicant is a **limited liability partnership**, include the following information for **all limited partners**.

If more space is required, please use a separate piece of paper and upload it as a PDF along with supporting documents. Please title the additional page as "Partners."

Partner Type	Organization Name <i>Not applicable to individuals</i>	First Name <i>Only applicable to individuals</i>	Last Name <i>Only applicable to individuals</i>	General or Limited? <i>Only applicable to Limited and Limited Liability Partnerships</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**PART 3: PARTNERS - CONTINUED**

Partner Type	Organization Name <i>Not applicable to individuals</i>	First Name <i>Only applicable to individuals</i>	Last Name <i>Only applicable to individuals</i>	General or Limited? <i>Only applicable to Limited and Limited Liability Partnerships</i>

 Check this box if an additional page is included

Have instructions for submitting additional documentation been provided to partners who are private corporations, public corporations or societies?

Yes

No, the partnership does not have any partners who are private corporations, public corporations or societies

**PART 4: CONNECTIONS TO FEDERAL PRODUCERS OF CANNABIS**

Does the associate have any association, connection or financial interest in a federally licensed producer of cannabis?

Yes No \*Associates of Producer Retail Store applicants must identify connections to **other** federal producers that are not the applicant.

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

- Directly holding voting shares in a federal producer.
- Indirectly holding voting shares in a federal producer. For example, through a subsidiary or holding voting shares in a company that holds voting shares in a federal producer.
- Having a beneficial interest in a federal producer. For example, through a trust.
- A contractual business arrangement of any sort.

If Yes - Provide the name of the federal producer and details of the connection (e.g. percentage and type of shares held).

Does a federally licensed producer of cannabis have any association, connection, or financial interest in the partnership?

Yes No \*Associates of Producer Retail Store applicants must identify connections to **other** federal producers that are not the applicant.

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

- Directly holding voting shares in the partnership.
- Indirectly holding voting shares in the partnership. For example, through a subsidiary or holding voting shares in a company that holds voting shares in the partnership.
- Having a beneficial interest in the partnership. For example, through a trust.
- A contractual business arrangement of any sort.

If Yes - Provide the name of the federal producer and details of the connection (e.g. percentage and type of shares held).