

**INSTRUCTIONS**

This form is for cannabis 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

Phone

**Cannabis Retail Store Application Information**Reference Number *The application (or "job") number the LCRB gave the applicant.*Address *The physical address of the applicant's proposed store.***PART 1: JURISDICTION**

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

 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**

Business Accounts - Identify all current accounts at financial institutions

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

  

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

  

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

If more than 3 accounts, attach as separate document

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

Name of Person or Firm		Email Address	Phone Number
<input type="text"/>		<input type="text"/>	<input type="text"/>
Street Address			City
<input type="text"/>			<input type="text"/>
Province/State	Postal Code/Zip Code	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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

Name of Person or Firm		Email Address	Phone Number
<input type="text"/>		<input type="text"/>	<input type="text"/>
Street Address			City
<input type="text"/>			<input type="text"/>
Province/State	Postal Code/Zip Code	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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\$)
<input type="text"/>	<input type="text"/>
Type of Funding	Amount of Funding (CAD\$)
<input type="text"/>	<input type="text"/>
Type of Funding	Amount of Funding (CAD\$)
<input type="text"/>	<input type="text"/>
Type of Funding	Amount of Funding (CAD\$)
<input type="text"/>	<input type="text"/>

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?

Person  Business

Name of Recipient

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: RETAIL STORE LICENCE CAP**

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For Sole Proprietors only:

The Province is not placing a cap on the number of non-medical cannabis stores that can operate in B.C. However, a licensee can only hold or have an interest in a maximum of eight cannabis retail store licences. For the purposes of the retail store licence cap, generally a franchisor cannot have more than 8 franchisees. This limit will be reviewed on January 1, 2021.

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

**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.