


**Personal Information**

Surname	Given Name (1)	Given Name (2)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Aliases	Maiden Name/Other Surnames	
<input type="text"/>	<input type="text"/>	
Place of Birth	Date of Birth (yyyy/mm/dd)	Sex
<input type="text"/>	<input type="text"/> 	<input type="radio"/> F <input type="radio"/> M <input type="radio"/> Other
DL Number or BCID Number	Primary Phone Number (incl. area code)	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Cannabis Retail Store Application Information**

Reference Number <i>The application (or "job") number the LCRB gave the applicant.</i>	Address <i>The physical address of the applicant's proposed store.</i>
<input type="text"/>	<input type="text"/>

**Addresses (within the past 5 years)**

Address			City	
<input type="text"/>			<input type="text"/>	
Province/State	Postal Code/Zip Code	Country	From (yy/mm)	To (yy/mm)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


Address			City	
<input type="text"/>			<input type="text"/>	
Province/State	Postal Code/Zip Code	Country	From (yy/mm)	To (yy/mm)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address			City	
<input type="text"/>			<input type="text"/>	
Province/State	Postal Code/Zip Code	Country	From (yy/mm)	To (yy/mm)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address			City	
<input type="text"/>			<input type="text"/>	
Province/State	Postal Code/Zip Code	Country	From (yy/mm)	To (yy/mm)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been convicted of a criminal offence?

Yes  No

 This includes **ALL** charges or convictions, including information as a Young Offender pursuant to Section 119(1)(o) of the *Youth Criminal Justice Act*, **regardless of the outcome**, convictions that have received a record suspension and charges resulting in non-convictions.

**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, compliance and enforcement matters in accordance with Sections 26 (a) and (c) of the Freedom of Information and Protection of Privacy Act. Should you have any questions about the collection, use, or disclosure of personal information, please contact the Liquor and Cannabis Regulation Branch via mail to PO Box 9292 Stn Prov Govt, Victoria B.C. V8W 9J8 or send an email to [CannabisWorker@gov.bc.ca](mailto:CannabisWorker@gov.bc.ca).

**Declaration and Consent:**

I, the undersigned, do hereby consent to the collection and disclosure by the Royal Canadian Mounted Police (RCMP) and other law enforcement agencies, as well as other duly authorized agencies of the government, of any and all information related to the security screening checks in support of this application for up to two years. This may include some or all of: (a) criminal record check or fingerprint-based criminal record verification by searching the Canadian Police Information Centre database; (b) a police information check; (c) a check of intelligence databases maintained by law enforcement agencies; (d) a check of records in the justice information system of the Ministry of Attorney General and; (e) a check of records 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 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 any finding of suitability to be suspended or revoked.

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Applicant Name (please print)

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Applicant's Signature

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Date Signed