

INSTRUCTIONS

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".

Full Legal Name

Address

Street

City

Province/State

Postal Code/Zip Code

Country

Personal Information

Date of Birth

Gender

Email Address

Phone

Place of Birth

City

Province/State

Country

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: PAST ADDRESSES

If you lived somewhere else in the last five years, provide the address below. You can add as many addresses as you need. Attach information as clearly identified attachment or separate file.

Street

City

Province

Country

Postal Code

From

To

PART 2: EMPLOYMENT INFORMATION

From the age of 18 or for the past 20 years (whichever is shortest), provide the following information regarding work history (including any change in title), involvement in businesses, and/or periods of unemployment commencing with your current employer. Attach any additional information if more space is required.

From	To	Current Employer	Business Phone
Mailing Address			
Position Held	Description of Duties		Supervisor Name/Contact Information
Reason for leaving			

From	To	Employer	Business Phone
Mailing Address			
Position Held	Description of Duties		Supervisor Name/Contact Information
Reason for leaving			

From	To	Employer	Business Phone
Mailing Address			
Position Held	Description of Duties		Supervisor Name/Contact Information
Reason for leaving			

From	To	Employer	Business Phone
Mailing Address			
Position Held	Description of Duties		Supervisor Name/Contact Information
Reason for leaving			

PART 3: EMPLOYMENT DISCHARGE/SUSPENSION/RESIGNATION/DISCIPLINARY ACTION

Were you ever discharged, suspended, asked to resign from employment or disciplined in any manner?

Yes No

If yes, you must attached the following information for each occasion on which you were discharged, suspended, asked to resign or disciplined:

- Employer's name and address
- Name of supervisor/person who initiated the action
- Date of discharge, resignation, suspension or disciplinary action
- Circumstances for discharge, resignation, suspension or disciplinary action

PART 4: CORPORATE ASSOCIATIONS

Provide the following information for all corporations, partnerships, sole proprietorships, limited liability companies or any other business ventures/entities that you were/are associated or involved with as an officer, director, shareholder, trustee, stakeholder, beneficiary, or related capacity. Indicate if the entity was involved with cannabis during your term of association or involvement.

If additional space is required, include as attachment.

Name and Address of Entity *(Street, City, Province/State, Postal/ZIP Code, telephone Number)*

Company Description	Position Held	From	To
Reference Person			

Name and Address of Entity *(Street, City, Province/State, Postal/ZIP Code, telephone Number)*

Company Description	Position Held	From	To
Reference Person			

Name and Address of Entity *(Street, City, Province/State, Postal/ZIP Code, telephone Number)*

Company Description	Position Held	From	To
Reference Person			

Name and Address of Entity *(Street, City, Province/State, Postal/ZIP Code, telephone Number)*

Company Description	Position Held	From	To
Reference Person			

PART 4: CORPORATE ASSOCIATIONS - CONTINUED

Have you ever resigned, been removed or discharged from a position of trust as a trustee, board member, officer, director or in any other position?

Yes No

If yes, you must attach the following information:

- Name and address of entity
- Position held
- Date of resignation, removal or discharge
- Reason(s)

PART 5: FINANCIAL

Financial Accounts - Identify all current accounts at financial institutions

Name of Institution

Branch Address

Type of Account

Account Number

Name of Institution

Branch Address

Type of Account

Account Number

Name of Institution

Branch Address

Type of Account

Account Number

If more than 3 accounts, attach as separate document.

PART 6: TAXES

Do you complete/file your own taxes?

Yes No

If no, complete the following information for the person or firm responsible for filing your taxes.

Name of Person or Firm

Phone Number:

Email:

PART 7: FUNDING & DEBT
Funding Sources *Where you are getting your money from*

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, fully repaid loans, outstanding loans, gifts, and co-ownership of property

Type of Funding	Amount of Funding (CAD\$)
Type of Funding	Amount of Funding (CAD\$)
Type of Funding	Amount of Funding (CAD\$)
Type of Funding	Amount of Funding (CAD\$)

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).

Have you loaned monies, equipment or assets to any persons or businesses?

Yes No

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

If yes, was the loan for a person or business? Person Business	Name of Recipient
Address	
Date of Loan	Amount Loaned (CAD\$)
Reason for Loan	Terms of the Loan

Do you have any of the following? *Mark all that apply*

Liens Conditional Guarantees
 Securities Other interests caused by debt

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\$)

Upload any agreements related to these interests

PART 8: CONNECTIONS TO FEDERAL PRODUCERS OF CANNABIS

Do you have any association, connection or financial interest to a federal producer?

Yes No

i 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

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

Provide the name of the federal producer, the type of shares, percentage of ownership, and any other details about the holding of voting shares

Do you have an immediate family member that has any connection to a federal producer?

Yes No

i 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

Immediate family members include spouses, parents, siblings, children, sons-in-law and daughters-in-law

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

Provide the name of the federal producer, the type of shares, percentage of ownership, and any other details about the holding of voting shares

PART 9: FINANCIAL DOCUMENTS

Attach the following financial documents as separate files. Mark each box to confirm it is attached.

Financial statements of net worth describing each asset and each liability for the past 3 years including:

Cash on hand (if in excess of \$10,000 CDN)	Stocks and Bonds
Deposits in Financial Institutions	Real Estate
Accounts and Notes Receivable	Other Assets
Personal Vehicles	

Statement of liabilities including:

Current Liabilities (payable within one year)	Other Long Term Liabilities
Long Term Liabilities (payable in more than one year)	Accounts Payable (credit cards, line of credit, etc.)
Mortgages Payable	

Tax statement for the past 3 years including:

Copies of your income tax returns for the last 3 years for each jurisdiction in which you file
Copies of your Notice of Assessment (receipt) from your income tax authority for the last 3 years , or the equivalent document from the relevant jurisdiction

PART 10: RETAIL STORE LICENCE CAP

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 associate have any connection, association or financial interest in another non-medical cannabis retail store application/licence in British Columbia?

i This includes, but is not limited to:

- The associate is a significant shareholder, or a significant shareholder of a significant shareholder of another applicant/licensee.
- The associate 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 associate'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.