



Liquor and Cannabis Regulation Branch
 400-645 Tyee Road, Victoria, BC V9A 6X5
 Mail: PO Box 9292 Stn Provincial Govt, Victoria, BC V8W 9J8
 Phone: 250-952-5787 Fax: 250-952-7066

APPLICATION FOR RETURN OF SEIZED CANNABIS

Liquor and Cannabis Regulation Branch Form LCRB135

INSTRUCTIONS:

- This application must be submitted within thirty (30) days of the date of seizure.
- This application only pertains to non-medical cannabis retail licensees.
- Section 105(3) and (5) of the *Cannabis Control and Licensing Act* states that if a claim is made to the general manager within 30 days of the seizure of cannabis, the general manager may, on being satisfied that the cannabis seized was not possessed by the licensee in contravention of the Act or regulations, order that the cannabis be returned to the person or, if it has been destroyed, order compensation be paid to the licensee.
- If you have any questions concerning this form please contact the Liquor and Cannabis Regulation Branch head office at 250-952-5787 (or 1-866-209-2111 if outside Victoria).
- The general manager may not make a decision on the issue of return of seized cannabis until after any proceedings are completed [section 105(7) of the Cannabis Control and Licensing Act].

Part 1: Personal Information

Name: Licence Number:

Mailing address:
Street City Province Postal Code

Telephone: Email:

Part 2: Cannabis Seizure Details

Date of cannabis seizure:
(month/day/year)

Location where the cannabis seizure took place:

Name of inspector or name/badge number of police officer who seized the cannabis:

Item(s) seized:

Name and description of cannabis substances seized	Total Quantity	Unit of Measure

Part 3: Circumstances

Describe the circumstances surrounding the cannabis seizure, and why you assert the cannabis was wrongfully seized. You must clearly explain how the cannabis was lawfully possessed in order to have your cannabis returned or to be compensated [s. 105(5), *Cannabis Control and Licensing Act*]. Add additional pages if required.

Part 4: Declaration

Under sections 47(2) and 109(1)(d) of the Cannabis Control and Licensing Act, it is an offence for a licensee to provide information or a record to the general manager that contains false or misleading information, or fails to disclose a material fact. As the licensee or authorized signatory of the licensee, I understand and affirm that all of the information provided is true and complete.

Signature of Individual: _____ Date: _____
(year/month/day)

Mail this completed form to:
General Manager,
Liquor and Cannabis Regulation Branch
PO Box 9292 Stn Provincial Govt,
Victoria, BC
V8W 9J8

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