

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: 1 866 209-2111 Fax: 250-952-7066 Email: Liquor.Licensing@gov.bc.ca APPLICATION FOR RECONSIDERATION FORM (CANNABIS)

Liquor and Cannabis Regulation Branch Form LCRB136

INSTRUCTIONS:

Complete all applicable fields then submit with payment as outlined in Part 7 of this application form. You may complete this form online, then print. If you have any questions about this application, call the Liquor and Cannabis Regulation Branch (LCRB) toll-free at: 1 866 209-2111.

at: 1 866 209-2111		, ,		,	•	·		, ,	
Part 1: Applicant	Informati	on							
Applicant for recons	ideration:								
Applicant can be a licensee or	a former licensee		Full legal name of individual	dual, corporation or	other entity against w	hom the compl	iance order was m	nade	
Licence Number:									
Address for Service	:	Street			City		Province	Postal Code	
E-mail:		Silect			Oily -	Tel:	Fidvince	1 ddiai ddad	
Order [Under Section	n 38(10) of	he <i>Cannabis Co</i>	ontrol and Licensii	ng Act (CCLA	A)] for which re	considerat	ion is sough	t:	
Case No. (see orde	er):								
The applicant must reconsideration is so order was received]	ought [see s								an
To be completed on Identify below the spextension was not g	pecial circun ranted.	nstance that prev	vented the applica	ant from mee	ting the deadlin				
		•	•	on or time rec	quest.				
Part 3: Prescribe As specified in sect an order made unde Check all that apply	ion 40(3) an er section 38	d (4) of the CCL		of the CLR, t	here are three	prescribed	d grounds fo	r reconsiderati	on of
Failure to obser	ve the rules	of procedural fa	irness						
An error of law	other than a	n error of law res	specting a constitu	utional quest	ion within the r	neaning of	the <i>Admini</i> s	strative Tribuna	als Act
There is new ever the original hear		is substantial an	nd material to the	reconsiderati	on and was no	t discover	ed or discov	erable at the ti	me of

Note: Reconsideration is not an opportunity to re-argue the case. These are the only reasons that a decision may be reconsidered.

Note : Be thorough in your argument as reconsideration of the order is generally based on your written submission and supporting evidence only. The general manager (or his or her delegate) may, at his or her discretion, hold an oral hearing; however, you should not anticipate that an oral hearing will be held.					

Part 4: Applicant's Submission
Please provide a detailed written submission which clearly indicates the way in which one or more of the prescribed grounds is/are

Part 5: Fee Payment		
The reconsideration application fee is \$500.00 and is refundable only if the compliance of	der is rescinde	ed.
In accordance with Payment Card Industry Standards, the branch is no longer able to ac	cept credit card	d information via email.
Payment is by (check (☑) one):		
Cheque, payable to Minister of Finance (if cheque is returned as non-sufficient funds cheque is NSF and the application fee is not paid in full before the 30 day deadline, you Money order, payable to Minister of Finance		
○ Credit card: ○ VISA ○ MasterCard ○ AMEX		
I am submitting my application by email and I will call with my credit card in 250-952-5787 or 1-866-209-2111 and understand that no action can proceed v paid in full.		
 I am submitting my application by fax or mail and have given my credit informati page. 	on in the space	e provided at the bottom of the
Part 6: Signature		
Under sections 47(2) and 109(1)(d) of the <i>Cannabis Control and Licensing Act</i> , it is an of record to the general manager that contains false or misleading information or fails to dis authorized signatory of the licensee, I understand an affirm that all of the information pro-	close a materia	al fact. As the licensee or
Name:	Position:	
(last / first / middle)		(if not an individual)
Circumstance		
Signature:Authorized signatory of the licensee		Date:
Note: An agent, lawyer or third party operator may not sign the declaration on behalf of the licensee		(Year/Month/Day)
This form should be signed by an individual with the authority to bind the applicant. The Branch relies signs this form is authorized to do so. Typically, an appropriate individual will be as follows: • If the licensee is an individual or sole proprietor, the individual himself/herself • If the licensee is a corporation, a duly authorized signatory who will usually be an officer or, in sor • If the licensee is a general partnership, one of the partners • If the licensee is a limited partnership, the general partner of the partnership • If the licensee is a society, then a director or a senior manager (as defined in the <i>Societies Act</i>)		
Part 7: What Happens Next		
 Application reviewed for completeness/timeliness (applicant form, fee, date rece The general manager (or his or her delegate) may issue stay the actions specificals. The general manager (or his or her delegate) will determine whether the application of the CCLA. If is does not, the application cannot be accepted. The applicant will received written notice of whether the application was accepted. 	ed in the compl tion satisfied th	
If the application is accepted, then the following will happen: 5. If the general manager (or his or her delegate) determines that an oral hearing is hearing date, time and location.	•	
 The general manager (or his or her delegate) will, in accordance with section 40 order, and will prepare a reconsideration order that meets the requirements of section. The applicant will receive a copy of the reconsideration order. 		
Note: The applicant's complete application package must contain this application form with respondocumentation and the full fee.	ses in all the app	licable fields, all the required
The information requested on this form is collected by the Liquor and Cannabis Regulation Branch under Section 26 (a), (b), and (c) be used for the purpose of non-medical cannabis retail licensing and compliance and enforcement matters in accordance with the about the collection, use, or disclosure of personal information, please contact the Freedom of Information Officer at PO Box 928 1-866-209-2111.	Cannabis Control and	Licensing Act. Should you have any questions
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Credit Card Information (To be submitted by fax or mail only)		
Name of cardholder (as it appears on card):		
Credit card number:	Expiry date:	(Month) (Year)

Signature: ___