



INSTRUCTIONS:

Please complete all applicable fields and submit the completed Application for Oral Hearing to the Community Safety Unit (CSU) by mail, email or fax. If you have any questions about this application form, please contact the CSU at 604-502-5493 (lower mainland) or 1-855-502-5494 (toll free).

Administrative hearings must be conducted by written review unless the Director determines that an oral hearing is necessary, either on their own initiative or upon application by the Notice of Administrative Monetary Penalty recipient or by a person notified of potential liability under section 94(9).

Pursuant to section 97 of the *Cannabis Control and Licensing Act*, there is no right to cross examination at an oral hearing.

To apply for an oral hearing, a person must submit a completed Application for Oral Hearing to the CSU.

Unless extenuating circumstances apply, the Application for Oral Hearing must be received by the CSU at the same time as the Application for Administrative Monetary Penalty Hearing. For a section 94(9) determination hearing held separately from an administrative monetary penalty hearing, the Application for Oral Hearing must be submitted by the deadline the Director provides for submissions.

Note: If you would like an individual to represent you in this process and have the CSU share your personal information with your representative, please complete and submit an Authorization of Representative form, which can be found on our website: <https://www2.gov.bc.ca/gov/content/safety/public-safety/csu/compliancem>.

Part 1: Applicant Information

Legal Name of Applicant	Position (if applicable)		
Telephone	Fax		
Email			
Mailing Address	City	Province	Postal Code
Community Safety Unit File Number	Notice of Administrative Monetary Penalty Number		

I would like to participate in an oral hearing process.

Part 2: Request for Oral Hearing

In considering whether an oral hearing is necessary, the Director may consider:

- a) whether the applicant's mental or physical disability prevents them from making written submissions;
- b) whether there is a serious issue of credibility, the resolution of which is integral to the decision to be made and which cannot be adequately determined without an oral hearing;
- c) whether any other circumstances make an oral hearing necessary in the interests of justice and fairness.



If you would like to apply for an oral hearing, you must provide an explanation below for why an oral hearing is necessary. Once this completed Application for Oral Hearing is received by the CSU, it will be reviewed and you will be notified of the decision.

Please select at least one:

- I have a mental or physical disability that prevents me from making written submissions.
- I believe there is a serious issue of credibility, the resolution of which is integral to the decision to be made and which cannot be adequately determined without an oral hearing.
- I believe there are other circumstances that make an oral hearing necessary in the interests of justice and fairness.
- I believe there are other reasons why an oral hearing is necessary.

Please provide an explanation for why an oral hearing is necessary. You must also attach any supporting documentation to this application that you would like the Director to consider in deciding whether to grant the oral hearing.



*** If you need extra space to provide your explanation, attach any additional pages to the end of this application. Please ensure all supporting evidence is also attached to this application.

Part 3: Signature

Signature of Applicant or authorized signatory of the Applicant	Date (mm/dd/yy)
---	-----------------

This form must be signed by an individual with the appropriate authority.

The information requested on this form is collected by the Community Safety Unit under Section 26(b) and (c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of 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.

Mail, email or fax this completed form to:

Director,
Community Safety Unit
PO Box 9060 Stn Main
Surrey BC
V3T 0N4

Email CSU@gov.bc.ca
Fax number 604-591-5611