

INSTRUCTIONS

This form is for cannabis retail store licence applicants. Complete a Financial Integrity form for the applicant business. 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".

Name

Registered Address

Street

City

Province/State

Postal Code/Zip Code

Country

Cannabis Retail Store Application Information

PID *Address or Parcel Identifier (PID) of the proposed cannabis retail store*

PART 1: JURISDICTION

If the applicant is a corporation, has the corporation previously conducted business outside of BC or is the corporation presently conducting business outside of BC?

Yes No

If Yes - Provide the name of each jurisdiction:

PART 2: SHARES AND SHAREHOLDERS

If the business is a corporation, does the corporation have any shares that carry options or warrants that will be vested upon licensing?

Yes No

Upload documentation showing the terms of any stock options or warrants including:

- Shareholder name
- Rights and privileges attached to the shares
- Number of shares

PART 3: FINANCIAL

Business Accounts - Identify all current accounts at financial institutions

Name of Institution		
Branch Address		
Street		City
Province/State	Postal Code/Zip Code	Country
Account Information		
Type of Account		Account Number

Name of Institution		
Branch Address		
Street		City
Province/State	Postal Code/Zip Code	Country
Account Information		
Type of Account		Account Number

Name of Institution		
Branch Address		
Street		City
Province/State	Postal Code/Zip Code	Country
Account Information		
Type of Account		Account Number

If more than 3 accounts, attach as separate document

Accountant *Who does the accounting?*

Name of Person or Firm

Email Address

Phone Number

Street Address

City

Province/State

Postal Code/Zip Code

Country

Book Keeper *Who does the bookkeeping?*

Name of Person or Firm

Email Address

Phone Number

Street Address

City

Province/State

Postal Code/Zip Code

Country

PART 4: TAXES

Are taxes completed in house or externally?

☐ In House

☐ Externally

Name of Person or Firm Responsible for Filing

Email Address

Phone Number

PART 5: FUNDING & DEBT
Funding Sources

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

Type of Funding

Amount of Funding (CAD\$)

Type of Funding

Amount of Funding (CAD\$)

Type of Funding

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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).

Has the business loaned monies, equipment or assets to any persons or businesses?

Yes No

If **Yes**, complete the following:

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

Was the loan for a person or business?		Name of Recipient	
Person	Business		
Street Address			City
Province/State	Postal Code/Zip Code	Country	
Reason for Loan		Terms of the Loan	

Does the business have any of the following? *Mark all that apply*

☐ Liens
 ☐ Conditional Guarantees
☐ Securities
 ☐ Other interests caused by debt

If **any of the above**, complete the following:

(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\$)	
Attach any agreements related to these interests		

Are there any other companies, persons, or legal entities that have any legal interest or financial capital in the business other than what has been disclosed?

Yes No

If **Yes**, complete the following fields for the company, person, or legal entity:

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

Name	Occupation or Business	
Relationship to the Business	Amount (CAD\$)	
Attach any agreements related to these interests		

PART 6: RETAIL STORE LICENCE CAP

For Sole Proprietors only:

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 sole proprietor have any connection, association or financial interest in another licence or application for a licence for a non-medical cannabis retail store in British Columbia?

Yes No

i This includes, but is not limited to:

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