

CANNABIS RETAIL CHECK LIST



Who is applying?

Business Owner Property Owner Agent Representing Business Owner or Property Owner

Applicant Name	Company Name (If Applicable)
Applicant Email	Applicant Phone Number

Applicant's Declaration:

In relation to the submission of this application, I confirm that I am

- i. An owner of the parcel, an authorized agent of the owner of the parcel, or other person having legal or equitable interest in the parcel, and
- ii. If the parcel has a condominium board, I have consent from the condominium board to submit this application.

In addition, I certify that all information submitted with this application, including information shown on plans and documents, to be true and correct. Incomplete applications may be cancelled or refused at the discretion of the proper authority in accordance with the respective bylaw. I agree to receive correspondence via electronic message related to this application.

Signature of Applicant

Planning & Development

Required Information	Submitted by Applicant	Office Use Only
Development Permit Application Form and Fees	<input type="checkbox"/>	<input type="checkbox"/>
Business License Application Form and Fees	<input type="checkbox"/>	<input type="checkbox"/>
Sign Permit Application form and Fees (include design)	<input type="checkbox"/>	<input type="checkbox"/>
Consent Form (if required)	<input type="checkbox"/>	<input type="checkbox"/>
Provide the Town with separation distances via path of travel "GPS Points" as per Section 3-82 a) of Land Use Bylaw 1088	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Floor Plan (on 11 x 17)	<input type="checkbox"/>	<input type="checkbox"/>
Advise Applicant of Annual Criminal Record Check and Vulnerable Sectors Checks for existing and any new employee, manager, director, shareholder		<input type="checkbox"/>
Provide List of Building Permit Agencies (for structural renovations)		<input type="checkbox"/>

Date forwarded to Protective Services: _____

Notes: _____

Protective Services		
Required Information	Submitted by Applicant	Office Use Only
Criminal Record Check (s)	<input type="checkbox"/>	<input type="checkbox"/>
Vulnerable Sectors Check (s)	<input type="checkbox"/>	<input type="checkbox"/>
Number of Employees: _____	<input type="checkbox"/>	<input type="checkbox"/>
Security Plan	<input type="checkbox"/>	<input type="checkbox"/>
Security Alarm 3 rd Party Monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Hours of Operation	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Floor Plan from Planning & Development		<input type="checkbox"/>
Copy of AGLC License – Date received: _____	<input type="checkbox"/>	<input type="checkbox"/>

Building Information				
Is the building sprinklered?	Yes	No	Notes:	
If yes: Will the sprinkler system be altered?	Yes	No		
Is the building equipped with a fire alarm?	Yes	No		
If yes: Will the fire alarm system be altered?	Yes	No		
Does the building connect to a municipal water supply?	Yes	No		
What is the total area of the space you are occupying?			<input type="checkbox"/> ft ²	<input type="checkbox"/> m ²
What are the total number of storeys in this building?				

Notes: _____

Approved by:

Development Officer

Date:

Protective Services Manager

Date: