



## Application to Vary a Cannabis Retail Licence Condition

**Date of Request:**

**Cannabis Retailer Licence Holder Name:**

**Cannabis Retailer Licence Holder Contact Information:**

Phone number:

Email address:

Mailing address:

**Licence Number:**

**Cannabis Retail Licence Condition to be Varied:**

**Reason for Variation Request:**

I am requesting to vary the following condition on my Nunavut Cannabis Retail Licence:

*\*Provide explanation on the impacts this decision may have on your business as well as any other information you wish to present to support your request.*

- I have enclosed additional documentation to support my request to vary a licence condition.
- I have enclosed the \$500 fee to vary a licence condition.

**Proposed Effective Date:**



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*Nunavut* iuqatigiingniq  
Bâtir le *Nunavut* ensemble

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**Declaration:**

I \_\_\_\_\_ certify that the foregoing information is true, correct and complete to the best of my knowledge, information and belief. I agree that falsification or omission of information may result in a denial of my request to vary a licence condition and possible licence suspension.

I understand that the *Access to Information and Protection of Privacy Act* applies to this application.

I understand that the Superintendent may also request additional information from me to enable them to evaluate this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_