

Nunavut Cannabis Retailer Application Form

Under the *Cannabis Act (Nunavut)*, the undersigned entity is applying for a licence to retail cannabis in Nunavut.

Part A: Contact Information

Applicant Name:	
Phone number:	
Email:	
Mailing Address:	
Address:	

Part B: Business Information

Business Name:	
Business Structure:	Corporation / Partnership / Sole Proprietor / Company / Other
(Circle one)	Other:
Mailing Address of	
Head Office:	

Part C: Personal Information of all Business Partners/Equity Participants

Name	Mailing Address	Email Address	Phone Number	Date of Birth	Shares Held

Part D: Cannabis Store Information

Proposed Cannabis Store Name:	
Classes/Subclass of Licence: (Circle all that apply)	Enclosed Cannabis Store / Integrated Cannabis Store / Remote Sale Store
Community where Cannabis Store is to be Located:	

Office of the Superintendent of Licensing Department of Finance, Government of Nunavut 2nd Floor Parnaivik Building, 924 Mivvik Street P.O. Box 1000 Station 330, Iqaluit, NU X0A 0H0 Page 1 of 3



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Proposed Physical Store	
Location:	
(Street Address/Lot	
Number)	
Other Commercial	
Business(es) Operating	
from This Location	
Proposed Hours of	
Operation:	
Proposed Security System:	
Proposed Inventory	
Management and Sales	
Tracking System:	
How will cannabis be	
stored: (storage room/safe)	
Type of Sensory Display	
(For Enclosed Cannabis	
Stores Only):	

Part E: Document Checklist (Check all documents that have been included with this application)

Copy of business licence.
Certificate of incorporation/status from Legal Registries.
Copies of Criminal Records Checks for all business partners/equity participants listed in Part C.
 Floor plan is attached detailing the following: Measurements of the physical store; Cannabis storage location; Location of the point of sale system; Entrances and exits; and Location and angle of video surveillance cameras. Proof of possession for the proposed Cannabis Store (may be provided at a later date, prior
to licensing). Letter of support from the City/Hamlet Council in the community where the Cannabis Store is to be located (optional).
Other Documents (Business logo, visual renderings of Cannabis Store exterior, signage, etc.)



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Please state:

Part F: Fees

 \Box I have enclosed the \$2,000 application fee.

Part G: Declaration

I ______ certify that the foregoing information to be true, correct and complete to the best of my knowledge, information and belief. I agree that falsification or omission of information may result in me being ineligible to obtain a cannabis retail licence.

I understand that the Access to Information and Protection of Privacy Act applies to this application and I consent to the public disclosure of my name, business title/address, class of licence being sought, intended location of my cannabis store, proposed hours of operation and date of this application.

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

Part H: Signature

Applicant Signature:

Date: