



City of Prince Albert

Cannabis Business License Application

For Office Use Only:

Application Date: _____ CBL: _____ CUST ID: _____ Total Fees Due: _____

Application Type (Check and complete all that apply)

<u>License Type</u>	<u>Payment Type</u>	<u>2018</u>	<u>2019</u>	<u>Post 2019</u>
Cannabis Retail Store	New Business	\$1,670/month	\$20,000	\$20,000
	Renewal	-	\$20,000	TBD
Cannabis Production Facility	New Business	\$210/month	\$2,500	\$2,500
	Renewal	-	\$2,500	\$100
Cannabis Wholesale	New Business	\$210/month	\$2,500	\$2,500
	Renewal	-	\$2,500	\$100
Delayed Payment Surcharge fee for Businesses that Renew after February 15th of the Current Renewal Year		-	\$50	\$50

Change of Information

Entire Application Must Be Completed

- | | | |
|---|------------------|-------------------------------|
| <input type="checkbox"/> Physical Address | \$500 Fee | Previous Address: _____ |
| <input type="checkbox"/> Mailing Address | No Fee | Previous Address: _____ |
| <input type="checkbox"/> Business Name | No Fee | Previous Business Name: _____ |
| <input type="checkbox"/> Ownership | No Fee | Previous Owner: _____ |

Please make cheque payable to: City of Prince Albert

Forward the completed application form, any necessary supporting documents, and payment to:

**City of Prince Albert
Planning & Development Services
1084 Central Avenue
Prince Albert, SK S6V 7P3**

Business Information (Please print clearly)

Business Operating Name: _____

Address: _____ Prince Albert SK _____

Unit #	Building #	Street Name	City	Province	Postal Code
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Phone: _____ Fax: _____

Email: _____ Website: _____

Contact: _____ *PST #: _____

*ISC Entity #: _____ *AT LEAST ONE OF THE NUMBERS IS REQUIRED

Number of Employees (Including self): Full Time _____ Part Time: _____

Business Owner Information (Please print clearly) *All mail will be sent to the address listed in this section

Owner Name: _____

Company Name: _____

Mailing Address: _____

Unit #	Building #	Street Name
City	Province/State	Postal/Zip Code

Phone: _____ Fax: _____



Business Type (Please check one)

Co-operative Corporation (closely held) Corporation (public)

Partnership Sole Proprietorship No Answer

Business Use (Please check one)

Cannabis Retail Store Cannabis Production Facility Cannabis Wholesale

Please include the following with the application as per Section 4 of the Cannabis Business License Bylaw, Bylaw No. 25 of 2018:

A copy of the valid SLGA permit or license

Copies of the appropriate permits or licenses issued by the Federal Government

You may be required to apply for additional permits or have site inspections with the Planning and Building Divisions of Planning & Development Services before your application may be approved.

Please Note: This is an application only. If your application is approved, you will receive confirmation from Planning & Development Services. Your application is not approved until you receive your cannabis business license from the City of Prince Albert.

- ❖ The *Cannabis Business License Bylaw*, Bylaw No. 25 of 2018, requires all businesses to obtain a business license before beginning operation.
- ❖ Every license will be valid until the end of each calendar year (December 31).
- ❖ Changes to the information on the application require that Planning & Development Services be notified through new application for the license to be updated and considered valid.
- ❖ The City of Prince Albert license must be displayed prominently at the place of business.

For more information, please call 306.953.4384, fax 306.953.4380 or visit our website at www.citypa.ca.

Acknowledgement of Responsibility

Information on Policies and Bylaws can be found on the City of Prince Albert website www.citypa.ca.

- I am aware that a business license is non-transferable for ownership, use or location change without reapplication and approval for the change of information.
- I am aware that Planning & Development Services must be notified if the business is discontinued in order to avoid renewal fees for the following year.
- I agree to operate my business as required per the *Cannabis Business License Bylaw* and all other applicable legislation.

Applicant Signature: _____ Date: _____

For Office Use Only:		Last Updated: 10/17/18	
Zoning Designation:	_____	Checked by:	_____
Proposed Use:	_____	Date Checked:	_____
Neighborhood:	_____	BID District:	Yes _____ No _____