



## Relinquishment of Cannabis Retail Licence

**Date of Relinquishment:**

**Cannabis Retailer Licence Holder Name:**

**Cannabis Retailer Licence Holder Contact Information:**

Phone number:

Email address:

Mailing address:

**Licence Number:**

**Reason for Relinquishment:**

I am relinquishing my cannabis retail licence for the following reasons:

--

**Disposal of Cannabis Held by Cannabis Retail Licence Holder:**

As required under section 28(b)(iii) of the *Cannabis Regulations*, I have disposed of the cannabis in my possession in the following manner:

I have destroyed the cannabis as per section 21 of the *Cannabis Regulations* and have attached a copy of the Cannabis Destruction Report;

OR

I have sold/given the cannabis to another Nunavut Cannabis Retailer,  
Name of Retailer in receipt of cannabis:

I have forfeited the cannabis to the Government of Nunavut; or

I have removed the cannabis from Nunavut,  
Name of Registered Supplier in receipt of cannabis:

**Date/Time of Disposition:**

Date: Time:
----------------



ᑎᓂᓂᓂᓂ ᓂᓂᓂᓂ ᓂᓂᓂᓂᓂᓂᓂ  
 Building *Nunavut* Together  
 Nunavut iluqatigiingniq  
 Bâtir le *Nunavut* ensemble

**Relinquishment of Cannabis Retail Licence**

**Description of Cannabis Disposed of:**

As required under section 28(b)(ii) of the *Cannabis Regulations*, I have disposed of the following cannabis:

Cannabis Product Name/SKU	Unit Quantity	Weight

**\*Note: The cannabis inventory amounts must be identical to the final monthly cannabis inventory and tracking report submitted to the Superintendent.**

**Declaration:**

I \_\_\_\_\_ certify that the foregoing information is true, correct and complete to the best of my knowledge, information and belief.

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: \_\_\_\_\_