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Building *Nunavut* Together  
*Nunavut* iuqatigiingniq  
Bâtir le *Nunavut* ensemble

## Transfer of Cannabis Retail Licence Form

### Part A: Current Cannabis Retailer Licence Holder's Information

**Licence Number:**

**Current Cannabis Retailer Licence Holder Name:**

**Contact Information:**

Phone number:

Email address:

Mailing address:

### Part B: Applicant Information

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

**Applicant's Name:**

**Applicant's Contact Information:**

Phone number:

Email address:

Mailing address:

**Reason for Licence Transfer:**

- Sale of Business
- Business restructuring
- Death of a Cannabis Retail Licence Holder

Additional details regarding the transfer:

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### Part C: Applicant Business Information

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



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### Part D: Personal Information off all Business Partners/Equity Participants to which the licence will be transferred:

Name	Address	Date of Birth	Shares Held

### Part E: Cannabis Store Information

Cannabis Store Name:	
Classes/Subclass of Licence: <i>(Circle all that apply)</i>	Enclosed Cannabis Store / Integrated Cannabis Store / Remote Sale Store
Community where Cannabis Store is Located:	
Physical Store Location: <i>(Street Address/Lot Number)</i>	

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

	Certificate of incorporation/status from Legal Registries.
	Copy of Criminal Records Checks for all business partners/equity participants listed in Part D.
	Proof of possession for the Cannabis Store.
	Copy of business licence.

### Part G: Fees

I have enclosed the \$500 fee to transfer this cannabis retail licence.

### Part H: 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 my ineligibility to obtain a cannabis retail licence.

I consent to the Superintendent under the *Cannabis Act (Nunavut)* requesting a criminal record check.

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

