



Nunavut Liquor and Cannabis Board Appeals Form

Date of Appeal Submission:

Date of Notice Received from Superintendent:

Cannabis Retailer Licence Holder Name:

Cannabis Retailer Licence Holder Contact Information:

Phone number:

Email address:

Mailing address:

Licence Number:

Reason for Appeal:

I am appealing a decision made by the Superintendent under the following section of the *Cannabis Act*:

- 13(1) of the Act – Appeal of non-renewal of a cannabis retail licence
- 16(1) of the Act – Appeal of cannabis retail licence suspension
- 16(1) of the Act – Appeal of cannabis retail licence cancellation
- 16(1) of the Act – Appeal of denied request to vary a cannabis retail licence condition.

I am appealing this decision based on the following reasons:

** Provide explanation on the impacts this decision on your business as well as any other information you wish to present to support your appeal. You may add more pages as needed.*

- I have included a copy of the decision notice provided to me by the Superintendent.

****This is a requirement under section 8 of the Cannabis Regulations.***

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 the denial of my appeal request.

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



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Building *Nunavut* Together
Nunavut iuuqatigiingniq
Bâtir le *Nunavut* ensemble

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

Signature: _____

Date: _____