

## **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:			
<b>Disposal of Cannabis Held by Cannabis Retail Licence Holder:</b> 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 <i>Cannabis Regulations</i> 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:			



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## **Description of Cannabis Disposed of:**

		s, I have disposed of the following cannabis:
Cannabis Product Name/SKU	Unit Quantity	Weight
*Note: The cannabis inventory ar tracking report submitted to the		to the final monthly cannabis inventory ar
<b>Declaration:</b> I certify that the foreknowledge, information and belief.	going information is true, co	orrect and complete to the best of my
I certify that the fore knowledge, information and belief.		orrect and complete to the best of my Privacy Act applies to this application.
I certify that the fore knowledge, information and belief.  I understand that the Access to Info	rmation and Protection of P	
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