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Building Nunavut Together
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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: (Circle all that apply)	Enclosed Cannabis Store / Integrated Cannabis Store / Remote Sale Store
Community where Cannabis Store is Located:	
Physical Store Location: (Street Address/Lot Number)	

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.



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

Part I: Signature

Applicant Signature:
Date:
Signature of Current Cannabis Retail Licence Holder (<i>or executor if the licence holder is deceased</i>):
Date:

*All Cannabis Retail Licenses are valid only to whom the licence was issued – individuals listed on a transfer application may not take ownership of a cannabis retail business until the transfer application has been approved.

It is a criminal offence to sell cannabis without a valid licence.