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Building Nunavut Together  
Nunavut iuqatigiingniq  
Bâtir le Nunavut ensemble

## Request to Alter a Cannabis Store Application Form

**Date of Request:**

**Cannabis Retailer Licence Holder Name:**

**Cannabis Retailer Licence Holder Contact Information:**

Phone number:

Email address:

Mailing address:

**Licence Number:**

**I am requesting to alter the following aspect of my cannabis store:**

- |  |   |
|--|---|
| <input type="checkbox"/> overall structure | <input type="checkbox"/> locks/locking mechanism    |
| <input type="checkbox"/> walls             | <input type="checkbox"/> intrusion detection system |
| <input type="checkbox"/> layout            | <input type="checkbox"/> video surveillance system  |

*Note: Any change to an aspect of an existing Cannabis Store checked above MUST comply with the security requirements in Schedule C: Physical Security Measures of the Cannabis Regulations.*

**Reason for Requested Alteration:**

I am requesting to alter the above noted aspect of my cannabis store for the following reasons:

**Proposed Alteration:**

I am requesting to alter the above noted aspect of my cannabis store to the following:

The proposed changes comply with the security requirements listed in Schedule C of the *Cannabis Regulations*.



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**Alteration Prior to Approval (allowed in exceptional circumstances only):**

The alteration was undertaken prior to approval because:

- The alteration was required due to a legally binding order issued by a public officer.
- Waiting for approval would have resulted in damage to property that could only be avoided by altering the above noted aspect of the cannabis store.

**Document Checklist:** *(Check all documents that have been included to support this request)*

	A copy of the relevant details on the proposed alteration. (Details of new installations, including specifications required to be in compliance with the Cannabis Regulations).
	A copy of the legally binding order <i>(if applicable)</i> .
	A letter detailing why alterations were required prior to approval to avoid property damage <i>(if applicable)</i> .

**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 alter an aspect of my Cannabis Store.

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: \_\_\_\_\_