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Building Nunavut Together
Nunavuliuqatigiingniq
Bâtir le Nunavut ensemble

Nunavut

New Product for Sale Request Form

Date of Request:

Cannabis Retailer Licence Holder Name:

Cannabis Retailer Licence Holder Contact Information:
Phone number:
Email address:
Mailing address:

Licence Number:

Description of New Product:
I am requesting approval to sell the following product(s):

#	Product Name	Type of Product	Intended Use	Sale Price	Additional Details:
1					
2					
3					

☐ I have enclosed pictures of the proposed new product(s) for sale.

Declaration:
I _____ certify that the foregoing information is true, correct and complete to the best of my knowledge, information and belief.

I understand that I must receive approval from the Superintendent prior to selling the above noted product(s).

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: _____

**Review time of this application is dependent on each individual product. Consultations with the Government of Nunavut Department of Health and/or Health Canada may be required to ensure compliance with the Cannabis Act (Nunavut) the Cannabis Act (Canada) and their regulations. The Superintendent will notify you if an item is under consideration by Health Canada.*

Office of the Superintendent of Licensing
Department of Finance, Government of Nunavut
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P.O. Box 1000 Station 330, Iqaluit, NU X0A 0H0