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:

☐ overall structure ☐ locks/locking mechanism

☐ walls ☐ intrusion detection system

☐ layout ☐ 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*.

Office of the Superintendent of Licensing
Department of Finance, Government of Nunavut
2nd Floor Parnaivik Building, 924 Mivvik Street
P.O. Box 1000 Station 330, Iqaluit, NU X0A 0H0

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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 *(if applicable)*.
	A letter detailing why alterations were required prior to approval to avoid property damage *(if applicable)*.

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: _____

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