



Application to Vary a Cannabis Retail Licence Condition

Date of Request:

Cannabis Retailer Licence Holder Name:

Cannabis Retailer Licence Holder Contact Information:

Phone number:

Email address:

Mailing address:

Licence Number:

Cannabis Retail Licence Condition to be Varied:

Reason for Variation Request:

I am requesting to vary the following condition on my Nunavut Cannabis Retail Licence:

**Provide explanation on the impacts this decision may have on your business as well as any other information you wish to present to support your request.*

- I have enclosed additional documentation to support my request to vary a licence condition.
- I have enclosed the \$500 fee to vary a licence condition.

Proposed Effective Date:



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Building *Nunavut* Together
Nunavut iuqatigiingniq
Bâtir le *Nunavut* ensemble

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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 a denial of my request to vary a licence condition and possible licence suspension.

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: _____