

## Cannabis Business License Application

### For Office Use Only:

Application Date: \_\_\_\_\_ CBL: \_\_\_\_\_ CUST ID: \_\_\_\_\_ Total Fees Due: \_\_\_\_\_

### Application Type (Check and complete all that apply)

<u>License Type</u>	<u>Payment Type</u>	<u>2018</u>	<u>2019</u>	<u>Post 2019</u>
Cannabis Retail Store	New Business	\$1,670/month	\$20,000	\$20,000
	Renewal	-	\$20,000	TBD
Cannabis Production Facility	New Business	\$210/month	\$2,500	\$2,500
	Renewal	-	\$2,500	\$100
Cannabis Wholesale	New Business	\$210/month	\$2,500	\$2,500
	Renewal	-	\$2,500	\$100
Delayed Payment Surcharge fee for Businesses that Renew <b>after February 15<sup>th</sup></b> of the Current Renewal Year		-	\$50	\$50

### Change of Information

### Entire Application Must Be Completed

- |   |                  |                               |
|---|------------------|-------------------------------|
| <input type="checkbox"/> Physical Address | <b>\$500 Fee</b> | Previous Address: _____       |
| <input type="checkbox"/> Mailing Address  | <b>No Fee</b>    | Previous Address: _____       |
| <input type="checkbox"/> Business Name    | <b>No Fee</b>    | Previous Business Name: _____ |
| <input type="checkbox"/> Ownership        | <b>No Fee</b>    | Previous Owner: _____         |

Forward the completed application form, and any other required documents, and payment to:  
OR email application to [solutions@citypa.com](mailto:solutions@citypa.com)

**The City of Prince Albert**  
**Community Development Department**  
**1084 Central Avenue**  
**Prince Albert, SK S6V 7P3**

Please make the cheque payable to: The City of Prince Albert

### Business Information (Please print clearly)

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Prince Albert SK  
 Unit # Building # Street Name City Province Postal Code

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ No. of Employees (including self): Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

\*PST #: \_\_\_\_\_ \*ISC Entity #: \_\_\_\_\_

**\*AT LEAST ONE OF THE NUMBERS IS REQUIRED**

### Business Owner Information (Please print clearly) All mail will be sent to the address listed in this section

Same as Above

Owner Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Unit # Building # Street Name  
 City Province/State Postal/Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Business Type** (Please check one)

Co-operative

Partnership

Corporation (closely held)

Sole Proprietorship

Corporation (public)

No Answer

**Business Use** (Please check one)

Cannabis Retail Store

Cannabis Production Facility

Cannabis Wholesale

**Please include the following with the application as per Section 4 of the Cannabis Business License Bylaw:**

A copy of the valid SLGA permit or license

Copies of the appropriate permits or licenses issued by the Federal Government

**Please Note: This is an application only.**

If your application is approved, you will receive confirmation from the Community Development Department. Your application is not approved until you receive your license from the City of Prince Albert.

**You may be required to apply for additional permits or site inspections with the Planning and Building Divisions of the Community Development Department before your application may be approved.**

- ❖ The Cannabis Business License Bylaw, Bylaw No. 25 of 2018, requires all businesses to obtain a business license before beginning operation.
- ❖ Every license will be valid until the end of each calendar year (December 31).
- ❖ Changes to the information on the application (location, ownership, business name, use) requires a new application to be submitted to the Community Development Department in order for the license to be updated and considered valid.
- ❖ The City of Prince Albert license must be displayed prominently at the place of business.

For more information on licensing requirements, please call 306.953.4884 or visit our website at [www.citypa.ca](http://www.citypa.ca).

For more information on City bylaws and policies, please visit our website at [www.citypa.ca](http://www.citypa.ca).

**Acknowledgement of Responsibility:**

- I am aware that a business license is non-transferable for ownership, use or location change without reapplication for the change of information.
- I am aware that the Community Development Department must be notified if the business is discontinued in order to avoid renewal fees for the following year.
- I agree to operate my business as required per the Cannabis Business License Bylaw and all other applicable legislation.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Community Development Department Only:**

**Last Update: March 21/24**

Zoning District: \_\_\_\_\_

Development Permit Required? Yes No If yes, issued on: \_\_\_\_\_

Building Permit Required? Yes No If yes, final inspection completed on: \_\_\_\_\_

If no, is an inspection required? Yes No If yes, completed on: \_\_\_\_\_

CBL \_\_\_\_\_ \$ \_\_\_\_\_ (10-25-110-000-00000-5210)

Requested By (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_

Approved By (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_

**For Financial Services Only:**

Invoice #: \_\_\_\_\_ Date: \_\_\_\_\_

Initials: \_\_\_\_\_ Approval: \_\_\_\_\_