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Cannabis drug licence application: Site Additional Information

Complete the required information. If a section isn't applicable, indicate it as such. Refer to <u>How to apply for a cannabis drug licence</u> for more information.

All fields indicated by an asterisk (*) are mandatory.

Applicant information		
Application ID (APP#)*		
Company name (Corporation or individual)*		
Is your corporation publicly traded?*	Yes No	
If yes , specify the exchange and stock market ticker		

Intended activities		
What is your purpose and intended use for possessing cannabis?*		
Select your intended activities, and provide a brief explanation of why it is required (such as, formulation of drugs containing cannabis, wholesale, distribution for clinical trials)	Produce a drug containing cannabis Sell a drug containing cannabis	

Destruction of drugs containing cannabis		
Where will you be destroying your cannabis?*	On site Off site	
If on site, describe your method that meets the requirement of section 146 of the Cannabis Regulations		



If on site, who will witness the destruction of the drugs containing cannabis?	Select Person 1 Senior person in charge Qualified person in charge Alternate qualified person in charge Select Person 2 Senior person in charge Qualified person in charge Alternate qualified person in charge Employee of the licence holder
If off site, describe how it will be destroyed (such as who, how, where, method used)	
If off site, who will witness the destruction of the drugs containing cannabis?	Select Person 1 Qualified person in charge as defined in subsection 2(1) of the Narcotic Control Regulations Alternate qualified person in charge designated under subsection 9.2(2) of the Narcotic Control Regulations Select Person 2 Qualified person in charge as defined in subsection 2(1) of the Narcotic Control Regulations Alternate qualified person in charge designated under subsection 9.2(2) of the Narcotic Control Regulations Employee of the licensed dealer

Attestation by the senior person in charge

- I attest that all of the information provided is correct and complete to the best of my knowledge.
- I attest that activities related to drugs containing cannabis (other than its destruction or antimicrobial treatment) will only be performed at the cannabis drug licensed site only if the qualified person in charge or their alternate is present at the site.

senior person in charge's name (printed).	
Senior person in charge's signature*	Date*

