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Application for a Cannabis Drug Licence under the *Cannabis Regulations*

(Disponible en français)

This form should be completed and submitted with all required supporting documentation to the Controlled Substances and Cannabis Branch (CSCB); the address information for the branch is included in section 7 of this form. Note that an incomplete application form may be returned to you.

This application is valid for **one** site only; if multiple sites are planned by the applicant, separate applications must be submitted for each site.

While this application is filed under the [Cannabis Regulations](#), the applicant is responsible for complying with any other relevant Acts or Regulations in the operation of their facility.

1. Applicant Information

Licence is for: an individual **or** a corporation, cooperative, or partnership

Preferred language of communication*

English French

* Mandatory information

1.a. Proposed Licence Holder (if individual)

Surname of individual applicant*			
Given name(s) of individual applicant*			
Title (if applicable)			
Preferred salutation (Mr., Ms., Dr., etc.)	Date of Birth*	(YYYY/MM/DD)	
Email address*			

* Mandatory information

Please attach the following to the application form:

A copy of government-issued identification must be provided.

Document attached:

1.b. Proposed Licence Holder (if corporation, cooperative or partnership)

To apply for a Cannabis Drug Licence, please specify the corporate, cooperative, or partnership' names, as well as any other name registered with the province under which the applicant intends to identify her/himself.



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Full legal name *	
Other registered name(s) ¹	
Incorporation/Registration Number*	
CRA ² Cannabis Licence Number (if applicable)	
Phone number*	
Fax number	
Email address	
Website address	
Parent Corporation	

* Mandatory information

¹ Any other name registered with a province, under which the applicant intends to identify themselves, to conduct the activities with cannabis permitted under the Cannabis Drug Licence.

² Canada Revenue Agency

1.c. Business Address

Address Line 1*				
Address Line 2				
City*	Province*	Postal code*		
Country*				

Business Mailing Address (if different than above)

Address Line 1*				
Address Line 2				
City*	Province*	Postal code*		

* Mandatory information

2. Proposed activities with drugs containing cannabis

2.a. Activities requested*

	Authorized Activities	Purpose and intended use
	Possess cannabis	
	Produce a drug containing cannabis	
	Sell a drug containing cannabis	

* Mandatory information

2.b. Drug Establishment Licence

Do you have a Drug Establishment Licence (DEL) for the site set out in part 3 of this form?*

Yes No

* Mandatory information

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If Yes: Which activities are you authorized under the DEL to conduct at the site set out in part 3?

Authorized Activity under DEL	
	Fabricate
	Package / Label
	Distribute
	Import
	Wholesale
	Test

Please attach the following to the application form:

A copy of any relevant DEL
Document(s) attached:

Important note: A DEL may be required for your proposed activities with drugs containing cannabis; please consult the Food and Drugs Regulations, C.01A.001 Division 1A Establishment Licences.

3. Site Details

3.a. Site Information*

Address Line 1*					
Address Line 2					
City*		Province*		Postal code*	

* Mandatory information

3.b. Building Information (if applicable)

If the proposed site comprises more than one building in which the proposed activities are to be conducted, please provide information for each building. For multiple buildings, attach additional sheets as required.

Number of buildings included:

Check here if additional pages are attached:

Building name (if applicable)					
Address Line 1					
Address Line 2					
City		Province		Postal code	

Please attach the following to the application form:

List of building names and all activities conducted in each building*
Document attached:

* Mandatory information

4. Proposed Site Personnel

4. a. Senior Person In Charge (Senior PIC)

Surname*		Given name(s)*	
Organizational title			
Preferred salutation		Date of birth*	(YYYY/MM/DD)
Email address			

4. b. Qualified Person In Charge (QPIC)

Please indicate if the QPIC is the same person as the Senior PIC

Surname*		Given name(s)*	
Preferred salutation		Date of birth*	(YYYY/MM/DD)
Email address			

* Mandatory information

4. c. Alternate Qualified Person In Charge (if applicable) (A/QPIC)

Surname		Given name(s)	
Preferred salutation		Date of birth	(YYYY/MM/DD)
Email address			

Please attach the following to the application form:

- Documentation supporting that the QPIC meets the criteria set out in subsection 150(3) of the *Cannabis Regulations*
Document(s) attached:
- Documentation supporting that the A/QPIC meets the criteria set out in subsection 150(3) of the *Cannabis Regulations*
Document(s) attached:
- Information that the above individuals demonstrate that they meet the requirements of section 151 of the *Cannabis Regulations*. Acceptable documentation includes a criminal record check, or proof of a security clearance as granted by the Minister in accordance with subsection 67(1) of the Cannabis Act, and Part 3 of the *Cannabis Regulations*.
Document(s) attached:

The above individuals are also required to submit the signed declaration included below:

Declaration

I hereby certify that I have not, in the last ten (10) years, been convicted of an offence as specified in section 151 of the *Cannabis Regulations*.

Senior PIC

Surname		
Given name(s)		
Signature:	Date:	(YYYY/MM/DD)

QPIC

Surname		
Given name(s)		
Signature:	Date:	(YYYY/MM/DD)

A/QPIC

Surname		
Given name(s)		
Signature:	Date:	(YYYY/MM/DD)

5. Proposed Physical Security

5.a. Please select the security measures you will follow:*

	Measures outlined in Division 1 of Part 4 of the <i>Cannabis Regulations</i> (sections 62 - 73)			
	Measures outlined in paragraph 76(1)(a) of the <i>Cannabis Regulations</i>			
	Measures outlined in paragraph 76(1)(b) of the <i>Cannabis Regulations</i> .			
	Measures outlined in the <i>Directive on Physical Security Requirements for Controlled Substances and Drugs Containing Cannabis</i> per subsection 78(4) of the <i>Cannabis Regulations</i> . If selecting this option, please complete the following information:			
	Security level requested			
	Geographical region	Region 1	Region II	Region III
	Maximum value of all cannabis and controlled substances to be stored at any given time			
	Intended secure environs	Vault	Safe	Cage Other:
	Description of proposed security measures			

* Mandatory information

Please attach the following to the application form:

Site Plan

Document attached:

6. Declarations and Attestations

The following declaration and attestations must be signed and dated by the Senior PIC.

I hereby declare that the proposed Senior Person In Charge (Senior PIC), the proposed Qualified Person In Charge (QPIC), and if applicable, the proposed Alternate Qualified Person(s) In Charge (A/QPIC) are familiar with the provisions of the *Cannabis Act* and the *Cannabis Regulations* that will apply to this licence.

I hereby attest that all of the information and documents submitted in support of this application are, to the best of my knowledge, correct and complete.

I hereby attest that I have the authority to bind the applicant.

Surname of Senior PIC		Given name(s) of Senior PIC	
Other title (e.g. President)			
Signature of Senior PIC:			Date: (YYYY/MM/DD)

7. Submission

Please send the completed application form for a Cannabis Drug Licence and accompanying documents to Health Canada at the following address:

hc.sp-licensing-cannabis-licences-sp.sc@canada.ca.

Note that all mandatory information and documents requested must be provided to avoid processing delays of the application; if your application is incomplete or inadequate, Health Canada may refuse to consider your application under subsection 62(6) of the Cannabis Act. Questions on this application may be directed to the following email address:

hc.sp-licensing-cannabis-licences-sp.sc@canada.ca