



Notice of cessation of cannabis activities form

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

This form should be used to notify Health Canada of a licence holder’s intent to cease all cannabis activities authorized by a licence. As required by the *Cannabis Regulations*, notification is required 30 calendar days before the activities cease. The completed form should be emailed to licensing-cannabis-licences@hc-sc.gc.ca. The subject line and the file name should indicate **“Notice of Cessation of Cannabis Activities and the LIC #”**.

Section 1: Administrative information			
Type of submission:* <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <input type="checkbox"/> New notice of cessation of activities </div> <div style="width: 45%;"> <input type="checkbox"/> Update to previously submitted information about cessation of activities </div> </div> <p>To update previously submitted information, outline the updates in the appropriate section of this form.</p>			
Request revocation of licence?* <table style="float: right; border: none;"> <tr> <td style="padding: 0 10px;">Yes</td> <td>No</td> </tr> </table>		Yes	No
Yes	No		
Name of licence holder:*	Licence number:*		
Section 2: Required information			
Date on which activities are expected to cease:*			
Responsible person:*			
Describe how any cannabis remaining at the site will be disposed of:*			
Total quantity of cannabis remaining on site as of date of cessation:*			

<p>Will any cannabis remaining on site be sold or distributed, in whole or in part?*</p> <p>Yes No</p> <p>If yes, name and address of the person to whom it will be sold or distributed:</p> <p>Quantity to be sold or distributed:</p>
<p>Will any cannabis be destroyed in whole or in part?*</p> <p>Yes No</p> <p>If yes:</p> <p>Date when the destruction is to take place:</p> <p>Location where destruction will take place:</p> <p>Quantity to be destroyed:</p>
<p>Address where the licence holder's records, reports, electronic data and other documents that are required to be retained under the <i>Cannabis Act</i> will be retained after activities have ceased. If you are not requesting the revocation of your licence, your records, reports, electronic data and other documents must be available at your licensed site:*</p>
<p>Person from whom Health Canada may obtain further information after activities have ceased</p>
<p>Name:*</p>
<p>Address:*</p>
<p>Telephone:*</p>
<p>Fax number (if applicable):</p>
<p>Email:*</p>

Section 3: Attestation by responsible person
I hereby attest that all the information provided in this report is correct and complete, to the best of my knowledge.
Full name of responsible person:*
Signature of responsible person:*
Date:*