



CANNABIS RETAIL CHECK LIST

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|-----------------------|---------------|--|-----------|--|--------------|--|--|--|
| Applicant Information | Applicant: | | | | | | | |
| | Company Name: | | | | | | | |
| | Town/City: | | Province: | | Postal Code: | | | |
| | ☎ P: | | ✉ E: | | | | | |

| | | | | | | | | |
|-----------------------|------------|--|--------------------------------|--|--------------|--|--|--|
| Landowner Information | Landowner: | | <i>If Different Than Above</i> | | | | | |
| | Address: | | | | | | | |
| | Town/City: | | Province: | | Postal Code: | | | |
| | ☎ P: | | ✉ E: | | | | | |
| | | <input type="checkbox"/> Consent Form Attached (if applicable) | | | | | | |

| | | | | | | | | |
|----------------------|--------------------|------|-----|-------|-----|--------|--|--|
| Property Information | Civic Address: | | | | | | | |
| | Legal Description: | Plan | | Block | | Lot | | |
| | Part of: | ¼ | Sec | Twp | Rge | W5 Mer | | |
| | Land Use District: | | | | | | | |

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|----------------------|---|--|------------------------------|-----------------------------|
| Required Information | Development Permit Application & Fees | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Business License Application & Fees | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Path of Travel - Separation Distances | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Copy of Cannabis Retail License from AGLC | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Copy of Floor Plan (11x17) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Building Permit Agencies List | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Notes: | | | | |

| | | | | |
|----------------------|----------------------------------|--|------------------------------|-----------------------------|
| Building Information | Building Sprinklered? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Equipped with Fire Alarm? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Total area of space (metres sq.) | | | |
| Notes: | | | | |

| | | |
|------------------------|---|--|
| Protective Services | Criminal Record Check (s) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Vulnerable Sectors Check (s) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Number of Employees | |
| | Security Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Security Alarm 3 rd Party Monitoring | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Hours of Operation | |
| | Copy of Floor Plan from Development Services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Copy of AGLC License | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Notes: | | |

| | | |
|---|---|------------|
| Applicant Authorization | <p><i>I understand that I may be required to obtain permits pursuant to the Alberta Safety Codes Act and Provincial Authorities.</i></p> <p><i>In addition, I certify that all information submitted with this application, including information shown on plans and documents, to be true and correct. Incomplete applications may be cancelled or refused at the discretion of the proper authority in accordance with the respective bylaw. I agree to receive correspondence via electronic message related to this application.</i></p> | |
| | <hr/> Signature of Applicant | <hr/> Date |
| <p>Notification of your application will be sent by email. Please indicate if you require a paper copy. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | | |

This personal information is being collected under the authority of the Municipal Government Act, RSA 2000, Chapter M-26, and will be used for administering the affairs of the Town of Hinton and for the provision of services. This information is protected by the privacy provisions of the Freedom of Information and Protection of Privacy (FOIP) Act, RSA 2000, Chapter F-25. If you have any questions about the collection of this information, please contact the Town of Hinton FOIP Coordinator at 780-740-8059.