

CANNABIS BUSINESS - LICENCE APPLICATION

Okanagan Indian Band
12420 Westside Road
Vernon, BC V1H 2A4
Attention: Executive Director

PLEASE COMPLETE THE INFORMATION BELOW AND CHECK ALL THAT APPLY

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Society	<input type="checkbox"/> Incorporated Company	<input type="checkbox"/> Partnership
Original Business Start Date: _____ / _____ / _____ Number of Employees: _____ (not including owner/s) mm/dd/yyyy			
Business Address:			
City:	Province:	Postal Code:	
Business Phone:	Fax:	Cellular:	
E-Mail:	Business Website:		
Name and contact information of responsible person or person(s) who may be contacted at any time:			
Phone:			
Email:			
<u>Nature of Business: Please Check One</u>			
<input type="checkbox"/> Dispensary		<input type="checkbox"/> Production Facility	
<input type="checkbox"/> <u>Initial Application</u> Initial Application Fee: \$5,000		<input type="checkbox"/> <u>Renewal</u> Renewal Fee: \$2,500	
Detailed Business Description:			
Business Operating Name:			
Describe nature of 51% ownership by member(s) of OKIB:			

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Name of CP Holder, Lessee or person with legal possession of the premises:
Partnership Name(s): (If you plan to operate the business with one or more partners)
Society / Limited / Incorporated Company Name: (If you plan to operate the business as a separate legal entity, separate from yourself and your personal assets)
Sole Proprietors Name: (If you plan to operate a business on your own, either under a business name or your own name)
Mailing Address if different from business address:

<i>Society / Limited / Incorporated Company</i>
Incorporation Number: _____
<input type="checkbox"/> Yes, I have attached documents of Incorporation and Notice of Articles. (Photo copies accepted);

IMPORTANT: The information required by this application is necessary to fully evaluate the request for a licence to operate a Cannabis business on an OKIB reserve (the “**Licence**”) by the applicant (the “**Applicant**”). Incomplete forms will not be processed. Completion of this application **does not** guarantee approval of a Cannabis Licence. Approved Licences will be issued only upon receipt of payment of the initial application fee or renewal fee, as applicable. **Please note, Licences are only valid for one calendar year from the date the Licence is issues and a Licence; the Applicant must apply to renew the Licence every year, including paying the renewal fee.**

This information is being collected for the purpose of determining the Applicant’s eligibility for a Licence. In providing this information, you have consented to its use for the above-described purpose and declare that all the information provided is correct. This information may be shared with applicable OKIB departments for the purpose of reviewing and approving a Licence. Please be advised this document may be disclosed if required by law.

Operating a Cannabis business on an OKIB Reserve without a Licence issued pursuant to the *Okanagan Indian Band Cannabis Control Law* is an offence for which penalties may be applied.

By signing this application, the Applicant agrees as follows:

- 1) The Applicant has read and **will comply with the *Okanagan Indian Band Cannabis Control Law* and other OKIB enactments. Licences are effective from the date the Licence is issued, and are valid for one calendar year.**
- 2) OKIB makes no representations regarding any requirements to operate a Cannabis business beyond the requirement for a Licence under the *Okanagan Indian Band Cannabis Control Law*, and the Applicant is solely responsible meeting any other requirements that may be required to

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operate a Cannabis business.

3) **The Applicant will indemnify, release and save harmless OKIB**, its elected officials, employees and agents from and against any and all losses, claims, damages, actions, costs and expenses that OKIB may sustain, incur, suffer or be put to at any time either as a result of any matter connected to OKIB issuing a Licence or arising from the negligence or willful misconduct of the Applicant or any agent, employee, officer, director or subcontractor of the Applicant.

For information or assistance completing this form, please contact _____ at _____
or by email at: _____.

This Application must be accompanied the documents and information listed in the below **checklist**:

- Application signed and completed in full
- Documents attached (incorporation) – *if applicable*
- Has provided criminal record check for all owners of the business or, if the owner is a corporation, for each shareholder, officer and director
- Understands the operational requirements for security, health and safety as set out in the *Okanagan Indian Band Cannabis Control Law*
- Understands the signage requirements
- Has included the relevant application fee
- Has included a security plan of the Premises
- Has provided proof of business ownership by providing a copy of business registration and Incorporation documents that depicts percentage of ownership;
- Has provided proof of legal possession of the premises;

Please mail or deliver your completed application to the OKIB address noted on the first page of this application.

Applicant's Name (*Individual completing form*): _____

Applicant's Signature: _____ Date signed: _____