Application Form



CANNABIS RETAIL STORE LICENSE

Community Standards Date of Application: File No.: _____ **Application Type** (please check all that apply) \$4500.00 ☐ NEW BUSINESS Previous Location: Change of Ownership (no charge) \Box Change of Business Name (no charge) Previous Name: ___ **Business Information** Business Trading Name: _____ Corporation Name (if different than above): Business Address: Postal Code: (this must be a physical location address in Saskatoon, P.O. Box or Rural addresses are not valid) Business Phone: _____ Cell: ____ Fax: _____ Email: ______ Website: _____ Have you previously held a City of Saskatoon Business License? ☐ No ☐ If Yes, What Year? ______ **Business Description** What industry type would you classify your business under? (e.g. Manufacturing-kitchen cabinets for residential & commercial projects) Please describe the primary functions of your business: (e.g. workshop for cabinet making and office space for business administration) **Business Owner Information** (e.g. Sole Proprietor, Head Office, Primary Company, etc.) Owner Name(s): _____ Middle Initial Last Name Owner Corporation Name: _____ Owner Mailing Address: Unit # Street Number, Name & Direction City Province / State Fax: Postal Code: Phone: Business Contact (if different than above): Middle Initial First Name Last Name **Employee and Commercial Space Information** Full-time: _____ Part-time: ____ Seasonal: ____ 1. Total number of employees (including yourself) Main Level: _____ 2. What is the total gross leasable floor area? square feet or square metres Definition: The amount of space within a building(s) used for business operations (such as offices, retail, storage, Upper Levels: _____ square metres warehouse, etc.) Basement: square feet or square metres 3. If applicable, what is the total seating capacity? (for restaurant / café / nightclub / tavern only) _____ persons 4. If applicable, will alcohol be served at the business? Yes No

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Alterations / Renovations	
Have you made any alterations or renovations to the	building or the site?
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If yes, please list all site, plumbing, and/or building ch	langes and when the work was completed.
	to an existing building, it is recommended that you consult with
Building Standards (306-975-2645) regarding buildin	ng permit requirements, prior to construction being done.
Outdoor Storage	
Will you have any outdoor storage? Yes No - If	yes, please describe:
year.are any earage.	, p. ca.co accoco.
Site / Floor Plan	
	area below), indicating the portion of space you occupy or if you occupy ally included with a lease agreement or any other supporting documents)
the office banding. (1 oof not to attach the notification space attach to the notification of the state of the notification of the notif	any monded with a loads agreement of any said. supporting assuments,
Please note: The cannabis retail store business license wil	
confirmation from SLGA that they are permitted to purchase and store cannabis at the business location in the form of a "Limited Permit". For more information please contact SLGA at cannabisinguiries@slga.gov.sk.ca or 1-800-667-7565.	
DECLARATION OF APPLICANT/OWNER	
	application are true, and I make this solemn declaration conscientiously
	effect as if made under oath, and by virtue of <i>The Canada Evidence Act</i> .
Signature of Applicant:	Date:
Please Note: The fees must be submitted with application*. Please allow *There is no charge for a change in ownership or change of business name	
Mail or drop off the completed application form, application fees	For more information, contact us at:
and any necessary supporting documents to: City of Saskatoon, Community Standards	business.license@saskatoon.ca
City Hall, 3 rd Floor – 222 3 rd Avenue North	or call 306-975-2760 or visit our website for additional information on starting a business:
Saskatoon, SK S7K 0J5 Make cheques payable to: City of Saskatoon	www.saskatoon.ca
FOR OFFICE USE ONLY:	Business ID:
Zoning Designation:	BP: / Approved by:
Proposed Use:	ZC: / Date:
Comments:	
Cash Receipt No.: Amount Pa	aid: Cheque No.: