

CANNABIS RETAIL STORE: CHANGE OF USE (DISCRETIONARY USE)

INFORMATION REQUIRED FOR A DEVELOPMENT PERMIT

Office	Applicant	Required Items
<input type="checkbox"/>	<input type="checkbox"/>	1. CURRENT COPY OF THE CERTIFICATE OF TITLE (No older than 3 months)
<input type="checkbox"/>	<input type="checkbox"/>	2. OWNER AUTHORIZATION (if the applicant is not the Owner)
<input type="checkbox"/>	<input type="checkbox"/>	3. APPLICATION FEE
<input type="checkbox"/>	<input type="checkbox"/>	4. PROVINCIAL LICENCE APPLICATION DOCUMENTS <ul style="list-style-type: none"> • Please provide documentation that shows the applicant has made application for a licence from the Province to operate a Cannabis Retail Store and has been deemed eligible by the Province for issuance of a license to operate a Cannabis Retail Store.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5. SITE PLANS: <ul style="list-style-type: none"> • North Arrow • Municipal Address • Legal Description (Lot, Block, Plan) • Location of free standing signs • Location of building or bay on site that use will occupy • Location of parking stalls • Location of overhead doors and loading areas • Location of outdoor storage areas and method of screening • Location of drive thru and turning radii for drive thru (if applicable) • Turning radii for large vehicles (if applicable) • Location of garbage enclosures
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5. FLOOR PLANS: <ul style="list-style-type: none"> • Layout of interior and exterior walls and identifying all rooms (entrances and exits, secure indoor storage, secure product display, shipping and receiving, retail space, offices, seating areas, kitchens, staff rooms, stairways, mechanical rooms, etc) on all floors, including mezzanine levels • Dimensions of the building or bay • Locations of physical security components
		6. SITE MAP: <ul style="list-style-type: none"> • A map that shows the site of the Cannabis Retail Store and the surrounding businesses located within a 100 m radius of the proposed site of the Cannabis Retail Store.
<input type="checkbox"/>	<input type="checkbox"/>	7. DETAILED DESCRIPTION OF THE TYPE OF USE PROPOSED <ul style="list-style-type: none"> • Please submit a detailed outline of how the building and site will accommodate the proposed use. Describe how and where materials will be stored, whether there will be waste, noise, outdoor storage, list the retail items, number of staff, number of

		vehicles and types of vehicles (truck size and length) accessing or being stored at the site. <ul style="list-style-type: none"> • Please submit information on potential odour production resulting from the Cannabis Retail Store and the details of the installation of any equipment designed and intended to remove odours from the air where it is discharged from the Cannabis Retail Store as part of a ventilation system.
<input type="checkbox"/>	<input type="checkbox"/>	8. SIGNAGE (see signage checklist)

The Development Authority may require additional material considered necessary to properly evaluate the proposed development. Normally an application will be complete if the material outlined above is provided.

Please provide detailed description of the proposed use. Attach a separate sheet if necessary.

Applicant's Signature _____ Date _____
 (Confirming that all required information has been provided and is correct.)

Received and checked by: _____ Date: _____

Office Use Only

Reviewed by:	Date:
Comments:	