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BUSINESS LICENSE APPLICATION FORM FOR CANNABIS RETAIL STORE

OFFICE USE ONLY (Pre Screening)			
Use	Referral Required	Application Fee Submitted	Zone
<input type="checkbox"/> Cannabis Retail Store <input type="checkbox"/> Cannabis Accessory Store	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Debit \$ _____	<input type="checkbox"/> C1-Central Commercial District <input type="checkbox"/> C2-General Commercial District <input type="checkbox"/> M-Industrial District <input type="checkbox"/> RI-Rural Industrial District
Date & Time Received:	Received by (initials):	Development Permit No.:	Assigned Business License No.:

APPLICANT INFORMATION (must be 18 years and over)			
Applicant Name:		Home Phone No.:	Work/ Cell Phone No. :
Mailing Address:	City/Town:	Province:	Postal Code:
Email Address:		Signature of Applicant:	

BUSINESS INFORMATION				
Legal Business Name :		* Operating Business Name:		
Business Email:		* Business Website:		
Business Owners Name:	Mailing Address:	City/Town:	Province:	Postal Code:
* Business Operating Street Address:		Legal Description: Lot: Block: Plan:	* Business Telephone No.:	
Business Mailing Address:		City/Town:	Province:	Postal Code:
Number of Employees Full Time: Part Time:		* I understand the information within this section may be placed in the Business License Directory on the Town website. By initialing below, I give consent to the Town to use any information necessary with respect to my business. Initials:		

REGISTERED LANDOWNER CONSENT (to be completed by the registered landowner as noted on Land Titles)	
I, (Print Name) _____, hereby certify that :	
<input type="checkbox"/> I am the registered owner of the land described above <input type="checkbox"/> I am the representative of the registered owner of the land described above and have provided written consent of the registered landowner authorizing me to sign on their behalf.	
By signing this application, I am aware of the business being operated on my property by the above noted applicant and hereby consent to such use.	
_____ Signature	Mailing Address: Phone Number:

This information on this form is collected under the authority of Section 33(c) the *Freedom of Information and Protection of Privacy Act* (FOIP) and the *Municipal Government Act* and is solely used for administering the Town of Drayton Valley database. If you have any questions about the collection of your personal information, contact the FOIP Coordinator at 780-514-2200.



Business License Application Additional Information

By checking and initialing each of the below, I hereby certify that I have read and understand the Town of Drayton Valley's Cannabis Retail Store requirements that are set out in Land Use Amending (Cannabis) Bylaw 2018/09/D, Business License Amending (Cannabis Retail) Bylaw 2018/10/D and Signage Amending (Cannabis) Bylaw 2018/11/D.

INITIAL	CHECK	CANNABIS RETAIL STORE REQUIREMENTS
_____	<input type="checkbox"/>	My cannabis retail store is not located within 100 metres of the boundary of any existing or proposed hospital.
_____	<input type="checkbox"/>	My cannabis retail store does not front any school or school reserve lands, playgrounds or sports fields. However, if it does, is located no less than 150 metres from the boundary of my location.
_____	<input type="checkbox"/>	I will provide a copy of the retail cannabis license issued by AGLC to the Town prior to occupancy. I understand that if I do not provide a copy to the Town, not be able to open my doors to the public until a copy of my AGLC license has been submitted.
_____	<input type="checkbox"/>	I understand that the maximum hours of a cannabis retail store are 10:00 am to 10:00 pm, 7 days per week, excluding the dates of closure mandated by the Province of Alberta.
_____	<input type="checkbox"/>	I agree that goods (cannabis, cannabis accessories or signage) inside the store will not be visible from the outside.
_____	<input type="checkbox"/>	I understand that banner signs and inflatable advertising is not allowed.
_____	<input type="checkbox"/>	I am not under the age of 18 years, in partnership with anyone under 18 years, or part of a corporation with any shareholder, director or officer under 18 years of age.
_____	<input type="checkbox"/>	I understand that any person under the age of 18 years is not permitted within the premises. NO EXCEPTIONS
_____	<input type="checkbox"/>	I agree that I will not allow a person to smoke, vape, consume or otherwise ingest cannabis or products containing cannabis on the premises.
_____	<input type="checkbox"/>	I agree that I will not use the premises to carry on business other than the cannabis retail store business and permitted accessory uses.
_____	<input type="checkbox"/>	I understand that my contravention of Business License Bylaw 2008/18/D may result in my Business License being suspended, revoked and/or a fine being issued against me (and my partner or partners) in accordance with Bylaw 2008/18/D.
_____	<input type="checkbox"/>	I verify that all information I have provided is true and have not provided any incorrect, incomplete or misleading information
_____	<input type="checkbox"/>	I understand that the operating name for my cannabis retail stores and signage reflecting the same does not reference "Drayton Valley", "Drayton", "Valley" or "DV" as this reference is prohibited.
_____	<input type="checkbox"/>	I understand that any advertising or sign that is visible from the outside of the premises may contain only alpha-numeric characters and the business name.
_____	<input type="checkbox"/>	I understand that I am subject to the fines as stated in Business License (Cannabis) Bylaw 2018/10/D if any of the information I have provided is incorrect or misleading.

Applicant Signature

Date

OFFICE USE ONLY		
<input type="checkbox"/> APPROVED <input type="checkbox"/> REFUSED (reasons attached)	ISSUED BY:	DATE (YYYY/MM/DD)