

LCRB APPLICATION FORM

Liquor & Cannabis Regulation Branch

FOR OFFICE USE ONLY:	
File No.	_____
LCRB Job No.	_____

This application allows the City of Abbotsford to complete their role in the provincial licencing process by providing comments and recommendations to the Liquor & Cannabis Regulation Branch (LCRB).

1. APPLICATION TYPE(S)

Select from the categories below:

Liquor Licence (LIQ)

As per Council Resolution No.E052-2017, the City has opted out of providing comment for the following:

- Endorsement for patron participation
- Increase in person capacity, when no building addition is proposed; and
- Amendments to hours of operation, when consistent with the Business Licence Bylaw

See Liquor Licence Amendment Guide for more information

Liquor Primary or Primary Club Licence

- New Amendment

Lounge Endorsement

- New Amendment

Special Event Area or Temporary Use Area Endorsement (All Licence Types)

- New Amendment

Provincial Non-Medical Cannabis Retail Licence (PLN)

New *If Council authorizes another application intake period

Amendment (Moving a licenced store)

Amendment (Other than moving a licenced store)

2. FEES

Liquor Licence Fees:

- All application types (\$1,200) \$

Provincial Non-Medical Cannabis Retail Licence Fees:

- New (\$7,500) \$
- Amendment (Moving a licenced store) (\$7,500) \$
- Amendment (Other) (\$1,200) \$

Additional Administrative Fees:

- BC Company Summary Retrieval Fee (\$20 per search) \$
- LTSA Document Retrieval (\$25 per document) \$
- Administrative Change (\$300) \$

ESTIMATED TOTAL APPLICATION FEES*: \$
**exact fees to be confirmed by Planning Staff*



3. PROPERTY

Liquor Licence

CIVIC ADDRESS: _____

PID: _____

LEGAL DESCRIPTION: _____

PROPERTY LOCATED WITHIN ALR? Yes No

Provincial Non-Medical Cannabis Retail Licence

Abbotsford Zoning Bylaw, 2014 permits "Cannabis Store" use on the following 10 lots. Please indicate which lot you are applying for, and the unit number (if applicable):

- 3122 Mt. Lehman Road PID 028-576-659 Unit: _____
- 3270 Mt. Lehman Road PID 024-620-840 Unit: _____
- 31940 South Fraser Way PID 003-953-912 Unit: _____
- 32533 South Fraser Way PID 024-922-749 Unit: _____
- 32500 South Fraser Way PID 008-954-623 Unit: _____
- 32700 South Fraser Way PID 017-956-731 Unit: _____
- 32900 South Fraser Way PID 016-324-447 Unit: _____
- 2070 Sumas Way PID 024-354-210 Unit: _____
- 1920 North Parallel Road PID 027-961-419 Unit: _____
- 2310 Whatcom Road PID 028-895-177 Unit: _____

Other:

CIVIC ADDRESS: _____

PID: _____

LEGAL DESCRIPTION: _____

4. REQUIRED APPLICATION DOCUMENTATION

- All required documentation must be submitted in both electronic and hard copy format unless otherwise specified.
- Electronic Copies must be in PDF format and cannot be secured. These must be received by the City at time of application, either prior to submission via email to: planning-applications@abbotsford.ca, or brought with the application package on a flash drive. **Failure to do so will result in your application being incomplete.**
- Hard Copies must be provided as follows:
 - One hard copy; or
 - *Two 11"x17" paper prints (if indicated by asterisk)

Items Required for ALL LCRB applications

Each application for a Liquor Licence and Provincial Non-Medical Cannabis Retail Licence Application must include:

- Fully completed City of Abbotsford **LCRB Application Form** (electronic copy not required)
- Application fees**
- Title search(es)** (retrieved within the last 30 days)
- Electronic copies of any **covenants, easements and rights-of-way** registered on title as a **charge** or listed as a **legal notation & modification** to those, and any charges on other parcels **in favour of** the subject property (note: this **does not include** mortgages, priority agreements, leases, liens, statutory building schemes, undersurface rights, or assignments of rents). (hard copies not required)
- Letter of Authorization** (page 6 of this form) (if applicable; electronic copy not required)
- BC Company Summary** (retrieved within the last 30 days) (if property owner is an incorporated company or society)
- If the subject property(ies) is undergoing a sale** we require the current property owner(s) on title to complete the Letter of Authorization (page 6 of this form). Please also provide a copy of the Sales Agreement/Contract of Purchase with conditions removed, showing that the property will be sold within one month, or alternatively a copy of the Form A Freehold Transfer with pending Land Title registration number. Once the sale has been registered at the Land Title Office, you will need to provide an updated title showing the new owners. If the sale had not already gone through at the time of application, you will also need to provide a completed "[Administrative Change Request Form](#)" indicating the change in ownership
- If the proposed operator is an incorporated company**, a BC Company Summary for the proposed operator, retrieved within the last 30 days, must accompany this application

OR

If the proposed operator is not an incorporated company, a list of the name(s) of the Proprietorship or the Partnership must accompany this application

Note: It is recommended that any site plans, floor plans, drawings or renderings be prepared by a professional consultant.

Liquor Licence Application

Additional Required Documents (as per *Development Applications Procedure Bylaw 2016*)

Each application for a Liquor Licence must include:

- Site Plan***
- Floor Plans***
- LCRB Application **Job #** _____
- Copy of current **LCRB Licence** with **floor plan** of existing establishment including **layout of seating** (if applicable)

Provincial Non-Medical Cannabis Retail Licence

Required Documents (as per *Development Applications Procedure Bylaw 2016*)

Each application for a Provincial Non-Medical Cannabis Retail Licence Application must include:

- a site plan* identifying the proposed Cannabis Store location, including proposed access, parking and loading areas
- evidence that the applicant owns, leases or has an agreement to purchase or lease the commercial unit or building in which the Cannabis Store is proposed to be located
- evidence that the applicant has applied to the Liquor and Cannabis Regulation Branch in respect of a retail store licence:

LCRB Job # _____

- the floor plan* for the proposed Cannabis Store
- drawings or renderings of the interior and exterior of the proposed Cannabis Store
- evidence that the proposed Cannabis Store layout and security program comply with provincial requirements
- the applicant's business experience, including relevant experience in a federally or provincially regulated sector or industry subject to age restrictions
- a declaration that the applicant, or any of its principals or affiliates, are not engaged in the unauthorized sale or distribution of cannabis (*see attached Declaration Form*)
- disclosure of any unpaid fines for which the applicant, or any of its principals or affiliates, is liable in respect of City bylaw contraventions other than those for which the time limit for adjudication has not yet expired (*see attached Declaration Form*)
- evidence that the proposed Cannabis Store branding complies with provincial requirements and the City's Sign Bylaw

Optional Documents (as per *Development Applications Procedure Bylaw 2016*)

Each application for a Provincial Non-Medical Cannabis Retail Licence Application may include:

- a description of proposed measures to mitigate potential adverse impacts of the proposed Cannabis Store on nearby stores and buildings and on the following sensitive land uses:
 - elementary, middle and secondary schools
 - municipal parks
 - municipal recreation facilities
 - child care facilities
 - emergency shelters
 - recovery facilities for vulnerable populations
- information concerning the extent to which the proposed Cannabis Store employs best practices for Crime Prevention Through Environmental Design (CPTED)
- details of the proposed Cannabis Store's business operations, including
 - store hours
 - staffing
 - training
 - procedures to prevent service to minors
 - procedures to prevent cannabis consumption in or near the Cannabis Store

5. APPLICANT

For information regarding the collection and use of personal information provided with this application, see item 8 (page 7).

COMPANY NAME (IF APPLICABLE): _____

PRIMARY CONTACT NAME*(REQUIRED): _____

MAILING ADDRESS: _____

POSTAL CODE: _____

OFFICE PHONE: _____ CELL: _____

DIRECT LINE: _____ EMAIL: (REQUIRED) _____

**All correspondence will be addressed to the Primary Contact Name at the mailing address or e-mail address (maximum one e-mail address) provided.*

6. OPERATOR

List the operator/proposed operator of your establishment.

NAME/COMPANY NAME (IF APPLICABLE): _____

CURRENT LCRB LICENCE No. _____

7. REGISTERED PROPERTY OWNER(S)

List all registered property owners as they appear on title or as they appear on the registered copy of the Form A Freehold Transfer (if insufficient space, please attach a separate sheet).

If registered property owner is an incorporated company or society, a **BC Company Summary must accompany this application.**

NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: (REQUIRED) _____

NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: (REQUIRED) _____

NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: (REQUIRED) _____

NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: (REQUIRED) _____

8. LETTER OF AUTHORIZATION *This section must be completed if the Registered Property Owner(s) (per Title Search) is(/are) not the Applicant OR if there are more than one Registered Property Owners. Those Registered Property Owners who are not signing as the Applicant must provide their written approval for the Applicant acting on their behalf by signing this Letter of Authorization.*

I/We, (list all Registered Property Owner(s) on Title - attach additional completed sheets if necessary) _____
_____ (the "Owner"),

own the lands described within this application form listed under Section 3 and confirm the appointment of:

(Applicant Company Name (if Applicable)) (Name of Primary Contact Permitted to Work On This Application (Required))

with the following contact information: _____
(Applicant's Mailing address (Required))

() - _____ as agent (the "Applicant")
(Applicant's Phone Number (Required)) (Applicant's Email Address (Required))

with respect to this LCRB Application (the "Application") regarding the lands described in Section 3.

It is understood, that:

1. the City of Abbotsford shall deal exclusively with the above-noted applicant with respect to all matters pertaining to the Application(s) and is under no obligation to communicate with the Owner or any other person;
2. the above-noted applicant has authority to make all necessary arrangements with the City of Abbotsford, to perform all matters and to take all necessary proceedings with respect to the Application(s);
3. the above-noted applicant has authority to alter this original LCRB Application by submitting a subsequent related application and providing an Administrative Change Request Form (No. APL-006) together with the required documents and fees; and
4. a written letter from the Owner is required to cancel this appointment and an Administrative Change Fee will be required.

By signing this authorization/application, I hereby agree that all information, including personal information, contained on this document including all attachments will be made available to the public.

If **Incorporated Company, Registered Society or Not for Profit Organization** is a Registered Owner, then complete the signature block below. If more than one Company/Society, attach additional completed pages with those signatures, as required. By signing, you are confirming that you are an authorized signatory of the company. Proof must be provided at time of application.

***Signature of Witness**

Print Name of Witness: _____

Phone: _____

**Name of Corporation/Society/Organization
By its Authorized Signatory(ies)**

***Signature of Authorized Signatory**

Print Name: _____

Date: _____

If Registered Owners are **individual persons**, then complete the signature block below. If more than two individual owners, attach additional *completed* versions of this page signed by those owners, as required.

ALL INDIVIDUAL PERSONS WHO ARE A REGISTERED PROPERTY OWNER AND ARE NOT AN APPLICANT MUST SIGN THIS AUTHORIZATION:

***Signature of Witness**

Print Name of Witness: _____

Phone: _____

***Signature of Owner**

Print Name: _____

Date: _____

***Signature of Owner (if applicable)**

Print Name: _____

Date: _____



9. ACKNOWLEDGEMENT OF NOTICE OF COLLECTION OF PERSONAL INFORMATION

I have attached to this LCRB Application form the attachments required as noted in **Section 4**, along with the required application fee, and hereby agree to submit further information deemed necessary for processing this application.

- I understand that for **each occasion** on which I initiate an Administrative Change to this application, an **Administrative Change Fee of \$300** is payable at the time the change is filed. This includes, but is not limited to: **changing the property(ies)** involved; changing the **Applicant or Primary Contact**; or changing/revising/adding an application type(s) and/or sub-type(s) (unless as a subsequent application).

Personal information collected on this form is collected for the purpose of processing this application and for administration and enforcement. The personal information is collected under the authority of the *Local Government Act*, the City's bylaws and Section 26 of the *Freedom of Information and Protection of Privacy Act*. It will not be used or disclosed other than for the purpose for which it was collected, except with the consent of the individual whom the information is about or otherwise in accordance with law.

If you have any questions about this collection and use of your personal information, contact the Information and Privacy Coordinator at 604-864-5575 or FOI@abbotsford.ca City of Abbotsford, 32315 South Fraser Way, Abbotsford, BC, V2T 1W7.

By signing this application I hereby agree that all information, including personal information, contained on this document including all attachments will be made available to the public.

- If the Applicant is an Incorporated Company, Society or Not for Profit Organization, check this box to confirm that all contacts are authorized signatories of the company and they have authority to sign on the company's behalf.** If this box is not checked, a letter on Company Letterhead must be included to outline the permission they have.

*Signature of Primary Contact (Applicant)

Date

In general, LCRB Applications will be accepted on regular business days
between the hours of **8:30 am - 4:00 pm**

► **Note: Provincial Non-Medical Cannabis Retail Licence Applications** will be accepted during the designated intake period starting on **February 3, 2020** through to and including **May 1, 2020**, between the hours of **8:30 am - 4:00 pm**. Provincial Non-Medical Cannabis Retail Licence Applications submitted after May 1, 2020, will not be received or processed as part of the City's initial consolidated intake and competitive review process.

Please allow 15-30 minutes to process the application in-take.
If paying by cash or debit, additional time will be required

Per Development Application Procedures Bylaw No. 2521-2016,
incomplete applications cannot be accepted.

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- If application is incomplete, indicate reason(s) and return to applicant:

- If application is complete, date stamp all documents and complete in-take.

Date Stamp: _____

Received by: _____

DECLARATION FORM

Provincial Non-Medical Cannabis Retail Licence

Abbotsford Zoning Bylaw, 2014, permits "Cannabis Store" use on the following 10 lots. Please indicate which lot you are applying for, and the unit number (if applicable):

- | | | | |
|--------------------------|--------------------------|-----------------|-------------|
| <input type="checkbox"/> | 3122 Mt. Lehman Road | PID 028-576-659 | Unit: _____ |
| <input type="checkbox"/> | 3270 Mt. Lehman Road | PID 024-620-840 | Unit: _____ |
| <input type="checkbox"/> | 31940 South Fraser Way | PID 003-953-912 | Unit: _____ |
| <input type="checkbox"/> | 32533 South Fraser Way | PID 024-922-749 | Unit: _____ |
| <input type="checkbox"/> | 32500 South Fraser Way | PID 008-954-623 | Unit: _____ |
| <input type="checkbox"/> | 32700 South Fraser Way | PID 017-956-731 | Unit: _____ |
| <input type="checkbox"/> | 32900 South Fraser Way | PID 016-324-447 | Unit: _____ |
| <input type="checkbox"/> | 2070 Sumas Way | PID 024-354-210 | Unit: _____ |
| <input type="checkbox"/> | 1920 North Parallel Road | PID 027-961-419 | Unit: _____ |
| <input type="checkbox"/> | 2310 Whatcom Road | PID 028-895-177 | Unit: _____ |

Other:

Civic Address: _____

PID: _____

Legal Description: _____

APPLICANT: _____

PROPOSED OPERATOR: _____

I, _____, do solemnly declare

1. THAT the applicant, or any of its principals or affiliates, are not engaged in the unauthorized sale or distribution of cannabis;
2. a) THAT there are no unpaid fines for which the applicant, or any of its principals or affiliates, is liable in respect of City bylaw contraventions other than those for which the time limit for adjudication has not yet expired; OR
 b) THAT there are unpaid fines in the amount of \$ _____ for which the applicant, or any of its principals or affiliates, is liable in respect of City bylaw contraventions other than those for which the time limit for adjudication has not yet expired.

*Signature:

Print Name:

**Electronic Signatures not accepted*