

# Cannabis/Liquor Licence Referral Application



**District of Saanich**  
 Planning Department  
 770 Vernon Avenue, Victoria BC V8X 2W7

**Part 1** tel 250-475-5471 fax 250-475-5430  
www.saanich.ca

An application is submitted for:  **Liquor Licence Referral - New**  **Non-Medical Cannabis Referral – New**  
 **Liquor Licence Referral - Amendment**  **Non-Medical Cannabis Referral – Amendment**

## Description of Property

**Civic Address** \_\_\_\_\_ **PID** \_\_\_\_\_

**Legal** Lot \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ Range \_\_\_\_\_ Plan \_\_\_\_\_  
 \_\_\_\_\_

**Provincial Licence Job Number (if applicable):** \_\_\_\_\_

## Contacts Please print clearly.

### Applicant\*

Company		Name	
Address		City	Postal Code
Email	Phone	Cell	Fax

**\*If Applicant is the Owner (Owner/Applicant): Do you consent to the release of your personal contact information (address and phone number) for the purposes of processing this application, including public viewing and posting to the Saanich website.**

**YES**  **NO**

*The undersigned owner or authorized agent of the owner makes an application as specified herein, and declares that the information submitted in support of the application is true and correct in all respects.*

Applicant's Signature (required)	Date
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**Owner - If the applicant is NOT the owner, or there are multiple owners on Title, complete "Owner's Authorization" form.**

Company		Name	
Address		City	Postal Code
Email	Phone	Cell	Fax

This collection of personal information is authorized under the *Local Government Act, Community Charter* and section 26(c) of the Freedom of Information and Protection of Privacy Act. The information will be used for processing this application. Questions can be directed to the District's Privacy Officer at: 770 Vernon Avenue, Victoria BC, V8X 2W7, t. 250-475-1775, e. [foi@saanich.ca](mailto:foi@saanich.ca)

## Office Use Only

File No.	Office Notes:	Staff Confirmation
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**Part 2**

**Development Details**

Store type:

- Provincial       Private

Current Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Development Permit:

- Yes       No

Development Permit Number: \_\_\_\_\_

Gross Floor Size \_\_\_\_\_ Existing Use \_\_\_\_\_

Project Description \_\_\_\_\_  
\_\_\_\_\_

**Information Required for Submission**

*It is the responsibility of the applicant to provide all required information. Processing of your application will not begin until the correct submission information in the requested format is received.*

**A COMPLETE APPLICATIONS CONTAINS:**

- Letter addressing policy requirements, including:
  - Proposed location
  - Hours of Operation
  - Parking requirements
  - Proposed Crime Prevention through Environmental Design (CPTED)
  - Community Consultation
  
- Site Plan (Must include distances, closest lot line to closest lot line, from elementary school, middle school, secondary school, playground, community recreation centre and any other non-medical cannabis retail store/Liquor retail store)
  
- Five complete sets of plans (Site Plan, Floor Plans, Elevations, Cross Sections, Landscape Plan (if required))
  
- Completed Application Form
  
- Owners Authorization
  
- Copy of current (no older than 30 days) Certificate of Title
  
- Fees (**Non-refundable**)

# Owner's Authorization

District of  
Saanch

tel 250-475-5471 fax 250-475-5430  
www.saanch.ca

*This form may be used in conjunction with Development Applications where the owner is authorizing an agent to submit an application and liaison with the municipality on his/her behalf.*

## Description of Property

**Civic Address** \_\_\_\_\_

**Legal** Lot \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ Range \_\_\_\_\_ Plan \_\_\_\_\_

## Authorization

**Authorization** *The owner(s) of the above property, hereby authorize and appoint \_\_\_\_\_ as our agent for the purposes of the submitted application.* *Print Name*

*All communication and correspondence regarding this application shall be directed to the applicant.*

**All registered owners on Title must be listed & a signature provided**

*Please print clearly.*

Owner Name (or Company Representative with Signing Authority)		Company	
Address		City	
Phone	Fax	Postal Code	
Registered Owner Signature (or Company Representative with Signing Authority)		Date	

Owner Name (or Company Representative with Signing Authority)		Company	
Address		City	
Phone	Fax	Postal Code	
Registered Owner Signature (or Company Representative with Signing Authority)		Date	

Owner Name (or Company Representative with Signing Authority)		Company	
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