\sim		abia		rlicopec	Deferred
	ann	upis/	LIQUO	or license	e Referral



www.saanich.ca

Tel. 250-475-5471 Fax. 250-475-5430

APPLICATION FORM

An application is submitted for:	Liquor Licence Referral - New
s submitted for.	Liquor Licence Referral - Amendment

n-Medical	Cannabis	Referral	– New
I-Inculcul	ounnubis	Referrar	- 11011

□ Non-Medical Cannabis Referral – Amendment

Date

Description of Property

Civic Address					_PID
Legal	Lot	_Block	_Section	_Range	Plan
Provincial Licence Job Number (if applicable):					

Contacts

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 - \Box YES \Box 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)

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

Development Details

Store type: Provincial Provinci Provincial Provincial Provincial Provincial Provinc	rivate Current Zoning:	Proposed Zoning:				
Development Permit:						
Development Permit Number:						
Gross Floor Size	Existing Use					
Project Description						

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. <u>foi@saanich.ca</u>.