

Medical Marihuana Facility Licence Application

(New or Renewal)

Township of Wainfleet
Protective Services Department
31940 Highway #3
Wainfleet, ON L0S 1V0
Tel: 905-899-3463 Fax: 905-899-2340



The submission of a Medical Marihuana Facility Licence Application does not entitle the Applicant to carry on business pursuant to the Bylaw. The Applicant is only entitled to do so once a current and valid licence has been issued. Any licence issued under Bylaw 057-2017 may be refused, revoked or suspended if the applicant or Licensee is convicted of an offence or has past conviction(s), under any provision of Bylaw 057-2017.

Personal information on this form is collected under the authority of the Municipal Act, Section 11, and the Township of Wainfleet Medical Marihuana Facilities Licensing Bylaw 057-2017 and will be used to licence, regulate and govern medical marihuana facilities and ensure compliance with all laws and regulations. Questions about the collection of this information should be directed to the Manager of Protective Services, Township of Wainfleet, P.O. Box 40, 31940 Highway #3, Wainfleet, Ontario L0S 1V0, Tel. 905-899-3463 ext. 274.

- Individual/Sole Proprietorship New Application – Complete boxes 1,2,3,5 and 6
 Partnership Renewal Application – Complete boxes 1,2,4,5 and 6
 Corporation

Application Date (YYYY/MM/DD)

1. Facility Information		
Applicant's Name or Corporation Name or Number		
Last	First	Initial
Operating as Business Name		
Business Location (Street address, unit number and postal code)		
Mailing Address (Street address, unit number, city and postal code) if different than above		
Business Phone	Fax Number	
Email Address		

2. Applicant Information		
To be completed by applicant/partner or directors and officers of the Corporation.		
*NOTE: All correspondence will be sent to the Applicant mailing address.		
Name		
Last	First	Initial
Residential Address (Street address, unit number, city and postal code)		
Mailing Address (Street address, unit number, city and postal code) if different than above		
Business Phone	Cell Phone	Fax Number
Company Title/Position		
Email Address		

Name		
Last	First	Initial
Residential Address (Street address, unit number, city and postal code)		
Mailing Address (Street address, unit number, city and postal code) if different than above		
Business Phone	Cell Phone	Fax Number
Company Title/Position		
Email Address		

If additional space is needed please attach a separate sheet.

3. Supporting Documents Checklist (New Application Only)

<input type="checkbox"/> Application Fee as set out in the Township's Fees and Charges Bylaw
<input type="checkbox"/> Zoning certificate
<input type="checkbox"/> Copy of Health Canada licence to produce
<input type="checkbox"/> Copy of an approved building permit (if applicable)
<input type="checkbox"/> Clearance letter from the Township Fire Chief
<input type="checkbox"/> General Inspection Report issued by the Electrical Safety Authority
<input type="checkbox"/> Copy of the incorporating documents (if applicant is a corporation)
<input type="checkbox"/> Copy of the last annual return filed (if applicant is a corporation)
<input type="checkbox"/> Copy of the registered declaration of partnership (if applicant is a registered partnership)
<input type="checkbox"/> Copy of the business name registration (if applicant is a registered partnership)
<input type="checkbox"/> Proof of insurance
<input type="checkbox"/> Police Criminal Record and Judicial Matters Check completed by the Niagara Regional Police Service
<input type="checkbox"/> Other:

4. Supporting Documents Checklist (Renewal Application Only)

<input type="checkbox"/> Application Fee as set out in the Township's Fees and Charges Bylaw
<input type="checkbox"/> Copy of Health Canada licence to produce
<input type="checkbox"/> Copy of the last annual return filed (if applicant is a corporation)
<input type="checkbox"/> Proof of insurance
<input type="checkbox"/> Police Criminal Record and Judicial Matters Check completed by the Niagara Regional Police Service
<input type="checkbox"/> Other:

5. Licensing History

1. Have you or your company ever been licenced by any municipality? Yes No
 If yes, type of licence: _____ Municipality: _____ Year: _____

2. Have you as an officer or director ever had a licence refused or revoked? Yes No
 If yes, give full details: _____

6. Declaration & Signature

THE APPLICANT DECLARES THAT:

I/We, _____ of the City/Town/Township of _____

in the County/Region of _____ do solemnly declare:

1. I am/We are the applicant, authorized agent, or _____ ;
2. I/We have read and understood Sections 1 – 51 of the Township of Wainfleet Medical Marihuana Facilities Licensing Bylaw 057-2017;
3. The information contained in this application is true and complete to the best of my/our knowledge, and that failure to provide complete or accurate information may delay the licensing process;
4. I consent to the Township of Wainfleet to making inquiries to Niagara Regional Police regarding any criminal record for which a pardon has not been granted.

SWORN before me at the City/Town/Township of _____)

_____ in the County/Region of _____)

this _____ day of _____ 20 _____)

 A Commissioner etc.

 Signature of Applicant/Corporate Officer

 Company Position/Title

For Office Use Only

Date Received:		Date of Preliminary Review:	
Received By:		Previous Licence No.:	
Fee Amount:		Licence No.:	
Payment Method:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit	Date of Issuance:	
Receipt No.:		Licence Expiry Date:	