



1. Details of a Tier 4 cannabis retail location are as follows:
  - Cannabis retail location that sells cannabis and cannabis accessories from the primary retail counter
  - Convenience oriented
  - Only staff over 19 years of age are eligible to sell product
  - Products kept out of sight with limited incidental viewing
  - Licensees/Employees cannot wear cannabis branded clothing or use other branded swag
2. In awarding a licensed cannabis retailer (LCR) tier 4 location, NLC will not permit an LCR to be established within a business that includes a pharmacy, or a holder of a lounge license.
3. LCRs will be responsible for providing, at their expense, all interior design, renovation and finish for the LE operations, in accordance with NLC standards. All operating expenses and costs will be the responsibility of the LCR. Details of financial and spacing requirements are attached as Schedule A.
4. The LCR will be required to carry an appropriate brand selection, as determined by the NLC, and will be required to have adequate space allocated to hold cannabis, in the opinion of the NLC, to accommodate this selection.
5. The LCR will purchase the products from the NLC on a payment basis acceptable to the NLC. The purchase price will be the regular retail price of the goods, less the LCR commission.
6. The commission is 8.0% on sales for tier 4 LCRs.
7. The NLC will deliver the product to the LCR at schedules established by the NLC, and the NLC will bear the freight cost.
8. The LCR will be required to report monthly/quarterly to the NLC, and the NLC will supply the necessary reporting forms and operating instructions.
9. The applicant shall complete fully the attached application.
10. The LCR will be required to meet minimum technology requirements. This includes a PC/Laptop with licensed Antivirus software, and an active internet connection.
11. The NLC will perform certain background checks on prospective applicants, including, but not limited to the following:
  - a. Credit checks;
  - b. Financial information review from the applicant's financial institution or institutions;



- c. Certificates of Conduct or equivalent from police authorities;
- d. Where necessary, corporate searches respecting the name, existence and directors of the corporation;
- e. Searches of the Personal Property Securities Registry;
- f. Searches of the Judgment Enforcement Registry; and
- g. Searches, where necessary, of other registries and government authorities that record liens or potential liens against.

Where necessary, the applicant will be required to sign a consent or authorization necessary for such authorities to release information to the NLC.

- 12. The LCR will comply with all tracking report requirements as set by Health Canada and NLC.
- 13. The successful applicant will be required to sign a Licensed Cannabis Retailer Agreement and a General Security Agreement in form acceptable to the NLC.
- 14. Upon notification of conditional approval, successful applicants will have 70 calendar days to have physical premises ready for final inspection and licensing. Timeline is subject to change at the discretion of NLC.
- 15. The successful proponent will also be required to apply for a license to sell cannabis in the province. Details of the application and requirements can be found in Appendix B.
- 16. Further details will be made available by the NLC's authorized representative during the site visit and inspection

**NOTWITHSTANDING ANYTHING CONTAINED HEREIN, THE NLC SHALL NOT BE REQUIRED, AS A RESULT OF THE ADVERTISING FOR A LICENSED CANNABIS RETAILER, TO AWARD A LICENSED CANNABIS RETAILER TO ANY APPLICANT, AND RESERVES THE RIGHT TO CANCEL THE REQUEST FOR PROPOSALS AND/OR READVERTISE AND/OR SELECT ANY SUITABLE PERSON OR CORPORATION, WHETHER AN APPLICANT OR NOT, FOR THE OPERATION OF THE LICENSED CANNABIS RETAILER.**



## **SECTION A – Applicant CHECKLIST**

- Applicant answered all questions completely in Section A,B,C,D & E.
- Applicant faxed the CRA Clearance Request to **709-754-5928**
- Applicant Included fax confirmation sheet from CRA
- Applicant will email or fax CRA clearance letter no later than 2 weeks from the advertisement end date.
- Applicant Included three (3) completed Business Reference forms (Appendix A)
- Completed the Personal Data Sheet – Section C (ALL applicants partners & shareholders)
- Completed the Police Clearance Authorization form (ALL applicants)

### **Please forward application to:**

NLC Sales Specialist/Business Development  
Newfoundland and Labrador Liquor Corporation  
P.O. Box 8750, Station A  
St. John's, NL A1B 3V1  
[donna.hudson@nliquor.com](mailto:donna.hudson@nliquor.com)  
Fax: (709) 724-2250

**Note:** Applications will NOT be accepted unless all required documentation has been completed. Please ensure you review the checklist. Missing information can cause delays with processing your submission and applications sent after the closing date deadline will not qualify.

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Date

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Signature of Applicant



**Please read the following carefully:**

There are five sections to this application – Section A (Checklist), B, C, D and E. Failure to complete any or all sections may result in rejection of the application.

Upon receipt, the information contained is deemed CONFIDENTIAL.

The word “applicant” means the corporation or the persons or the person who will be appointed Operator and on whose behalf this application is made.

If the applicant is a corporation, the president must complete the application; in the case of a partnership, each partner must sign the application; in the case of a sole proprietorship, the owner must sign the application.

If additional copies of Sections B & C are required, the applicant should photocopy that section for use in completion of the application.

**SECTION B - BUSINESS HISTORY REPORT**

**Please Print**

1. Area Applied For As Advertised:

2. Business Name of Establishment:

3. If operating under another name please list it below:

4. Company Number:

5. CRA Number:

6. Location of Establishment:



7. Physical Address:

Postal Code

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*(Please be sure to include the street # in address)*

8. Mailing address:

Postal Code

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*(Please be sure to include the street #, if applicable, in address)*

9. Business Establishment

Telephone Number:

Fax Number:

E-Mail Address

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10. Telephone Number Where Applicant Can Be Reached During Business Hours:

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11. Names of Applicants (Sole owner or partners or officers of a corporation):

Name	Address

**NOTE: All applicants must fill out section B**

12. Is Applicant Sole Owner?  Yes  No



(a) If a partnership, list the percentage of ownership of each partner:

Name	Percentage

(b) If a corporation, give:

Date of Incorporation:
Public or Private Company:
Provincial or Federal Charter:
Number of Common Shares Authorized:
Number of Common Shares Outstanding:

List Shareholders:

Name	Address	No. of Common Shares Owned	No. of Preferred Shares Owned

13. Do any Shareholders have any direct or indirect financial interest in any enterprise which manufactures or sells cannabis?

Yes  No

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14. State whether applicant will occupy building as owner or tenant:

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*If premises are leased, enclose a copy of the lease.*

15. State particulars of any mortgage or charge to which the premises or chattels are to be subject, including the name of the financial institution holding the mortgage or charge:

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16. The premises are built of \_\_\_\_\_ and the age of the premises is \_\_\_\_\_ (type of construction) \_\_\_\_\_ years.

17. Briefly describe the types of business now carried on at the address given:

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18. Current Hours of Opening:

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19. In conjunction with what type of business will the Licensed Cannabis Retailer store be operated?

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20. Name of person who will manage the Licensed Cannabis Retail store:

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21. Name, Address, and Date of Birth of persons who will be employed in the establishment, other than the Manager:

Name	Address
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Date of Birth	Place of Birth
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Name	Address
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Date of Birth	Place of Birth
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22. Has any person named in Question 21 ever been convicted of a criminal offence or breach of the Liquor Control Act or Cannabis Act?

Yes  No

If Yes, give details:

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23. How long has the applicant carried on business at the address given?

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24. How long has the applicant carried on business described in Question 17?

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25. Give three business references. Have your references complete the form included in **Appendix A and submit each with your application.**

Please note – the business references need to be associated with the current business listed in this LCR location application and should be able to comment on the payment/credit status of your account(s); i.e. Grocery Supplier, Beer Vendors, Dairy Vendors, Gas Supplier, Lottery, Tobacco, etc.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant (If required)



## SECTION C - PERSONAL HISTORY REPORT

**Please Print**

**This form is to be completed by individual applicants, partners, or officers of a corporation applying for the LCR location. If additional forms are required, please photocopy this section. Upon completion, these reports is to be attached and will form part of the application.**

Name of Establishment for which this report is submitted	
Location	

Name in Full: (Including middle name)	Surname: _____ Given Names: _____
Date of Birth: (year / month / day)	
Place of Birth:	
Home Address: (Including Street & Street #, P.O. Box, City, Town, and Postal Code)	
Home Telephone #:	
Fax #:	

### 1. Place of Residence During the Past 10 Years:

Place	Date



2. Details of Employment for the past 10 years:

Dates	Occupation	Location	Employer

3. Have you or any of your family ever been employed by the Newfoundland Labrador Liquor Corporation?

Yes  No

If Yes, give details:

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4. Are you or any member of your family engaged, in any capacity, with the enforcement or administration of the Liquor Control Act and/or the Liquor Corporation Act?

Yes  No

If Yes, give details:

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5. Do you have any past or present, direct or indirect, financial interest in any enterprise which manufactures or sells cannabis?

Yes  No

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6. Are there any civil court judgements, executions, liens, or similar obligations outstanding against you for any reason anywhere?

Yes  No

If Yes, give details:

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7. Have there been any findings of guilt against you of an offense in Canada or the United States?

Yes  No

If yes, please attach a certified copy of your criminal record.

8. Have you even been convicted of a criminal offence under the Criminal Code of Canada, or any offence anywhere involving drugs or gambling or any offence against any law of any province in Canada involving spirits, wine or beer?

Yes  No

If Yes, give details:



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9. Have you, in your personal capacity or in your association with any group, company, or corporation, ever been the subject of bankruptcy proceedings?

Yes  No

If Yes, give details:

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

(NOTE – More than one applicant **please copy pages 10 to 14** and have all applicants/shareholders fill out Section C & D.)



**SECTION D – POLICE & FINANCIAL CLEARANCE AUTHORIZATION**

The Royal Canadian Mounted Police, The Royal Newfoundland Constabulary or any other law enforcement agency, is hereby authorized to supply the Newfoundland Labrador Liquor Corporation with any information which the Corporation considers pertinent to my application for a Licensed Cannabis retail store.

**Please Print:**

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Last Name

Given Names

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Date of Birth

Year

Month

Day

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Signature of Applicant

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Date



**SECTION E - FINANCIAL INFORMATION**

**CRA CLEARANCE**

Please complete the attached form for tax clearance purposes:  
**FAX to the St. John's Taxation Centre at 709-754-5928.**

**The requested letter will indicate whether your business is in good standing with Canada Revenue Agency with respect to HST/GST, Payroll Taxes and Corporate Taxes.**

**Once you receive a reply from Canada Revenue Agency, please forward the letter directly the NLC for consideration with your application. Please fax the letter to 709-724-2250. (Attention: Liquor Express Sales Specialist/Business Development).**

**Please note that this takes approximately 4 weeks to be processed, so please complete and fax as soon as possible.**

Canada Revenue Agency  
St. John's Taxation Centre  
Fax Number: 709-754-5928

Please provide an account status comfort letter indicating the status and standing of the following business with respect to HST/GST, payroll tax, and corporate tax accounts.

Business Name: \_\_\_\_\_

Business Number: BN \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Name of Authorized Individual: \_\_\_\_\_



### Financial Institution Information Authorization

The Newfoundland Labrador Liquor Corporation and/or its authorized representative is hereby authorized to obtain any information from the following Financial Institutions which it considers pertinent to my application for a Licensed Cannabis retail store.

**Please Print**

**Financial Institution:** \_\_\_\_\_

Location: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Financial Institution:** \_\_\_\_\_

Location: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Applicant(s):

\_\_\_\_\_

Last Name	Given Names
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\_\_\_\_\_

Last Name	Given Names
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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date





## SCHEDULE A

### Licensed Cannabis Retailer - Tier 4 Requirements

Estimated Annual Sales \$500,000+

Estimated Opening Inventory Investment: \$60,000

Minimum SKU Capacity: 60 SKUs



**Appendix A - BUSINESS REFERENCE**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_  
(Include Business Name)

**Attn:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**From:** \_\_\_\_\_

**Attn:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**As part of the review of the above applicant for a licensed cannabis retailer location, the Newfoundland Labrador Liquor Corporation requires the credit and business status of the applicant with your company. Please complete and return this document regarding the above referenced applicant at your earliest opportunity.**

- 1) Amount of Credit granted: \_\_\_\_\_
- 2) Annual business volume: \_\_\_\_\_
- 3) Term Credit (Payment): \_\_\_\_\_
- 4) Credit Rating: \_\_\_\_\_
- 5) Present Account Balance: \_\_\_\_\_
- 6) Status of Account(s): \_\_\_\_\_

**Additional Comments:**

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\_\_\_\_\_  
Company Official Signature



**Appendix A - BUSINESS REFERENCE**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_  
(Include Business Name)

**Attn:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**From:** \_\_\_\_\_

**Attn:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**As part of the review of the above applicant for a licensed cannabis retailer location, the Newfoundland Labrador Liquor Corporation requires the credit and business status of the applicant with your company. Please complete and return this document regarding the above referenced applicant at your earliest opportunity.**

- 1) Amount of Credit granted: \_\_\_\_\_
- 2) Annual business volume: \_\_\_\_\_
- 3) Term Credit (Payment): \_\_\_\_\_
- 4) Credit Rating: \_\_\_\_\_
- 5) Present Account Balance: \_\_\_\_\_
- 6) Status of Account(s): \_\_\_\_\_

**Additional Comments:**

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\_\_\_\_\_  
Company Official Signature



**Appendix A - BUSINESS REFERENCE**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_  
(Include Business Name)

**Attn:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**From:** \_\_\_\_\_

**Attn:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**As part of the review of the above applicant for a licensed cannabis retailer location, the Newfoundland Labrador Liquor Corporation requires the credit and business status of the applicant with your company. Please complete and return this document regarding the above referenced applicant at your earliest opportunity.**

- 1) Amount of Credit granted: \_\_\_\_\_
- 2) Annual business volume: \_\_\_\_\_
- 3) Term Credit (Payment): \_\_\_\_\_
- 4) Credit Rating: \_\_\_\_\_
- 5) Present Account Balance: \_\_\_\_\_
- 6) Status of Account(s): \_\_\_\_\_

**Additional Comments:**

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\_\_\_\_\_  
Company Official Signature



## Appendix B Licensed Cannabis Retailer (LCR) Requirements

### Licensed Cannabis Retailer (LCR) – Requirements

To become a Licensed Cannabis Retailer (LCR) in Newfoundland and Labrador the following items will be required:

LCR – Administration Requirements
<input type="checkbox"/> <b>Completed Application Form</b>
<input type="checkbox"/> <b>Application Fee (\$125).</b> The LCR will also be subject to an annual licensing fee of \$125.
<input type="checkbox"/> <b>Form 6, Notice of Directors.</b> If incorporated, a current certified copy of <i>The Corporations Act</i> ; or equivalent Federal Registration document(s) (include parent companies).
<input type="checkbox"/> <b>Personal Data Sheets.</b> Completed sheets for each shareholder, director and/or officer who is in charge of the premises.
<input type="checkbox"/> <b>Certificate of Conduct.</b> Current certificates for each shareholder, director and/or officer who is in charge of the premises. Personal background checks will be conducted.
<input type="checkbox"/> <b>Photo identification.</b> A copy of a valid government issued photo ID of each shareholder, director and/or officer who is in charge of the premises.
<input type="checkbox"/> <b>Floor Plans.</b> One set of floor plans, drawn to scale on paper no larger than 8.5” x 14”, outlining the proposed licensed area and including dimensions of clearly identified rooms (e.g., storage). <i>Please adhere to the location requirements in the following section.</i>
<input type="checkbox"/> <b>Municipal approval.</b> Written approval from the applicable municipal authority for the proposed location.
<input type="checkbox"/> <b>Establishment Possession.</b> A current signed copy of a lease, sublease, contract, purchase agreement, or another document that verifies ownership and/or legal possession of the establishment.
<input type="checkbox"/> <b>Public Notice Requirement.</b> Verification of advertising in the format specified by NLC for a period of three weeks in the local newspaper and in three public locations. Please note you must also post a notice in a prominent location on the front of the establishment. NLC will also advertise on its website on your behalf.
<b>Inspections.</b> The proposed location will be subject to a pre-licensing inspection before a license is issued. License holders will also be subject to regular inspections and must maintain compliance with all



#### **Tier 4 LCR – Physical Requirements**

*A licensed establishment that retails a variety of products and the sale and supply of cannabis and cannabis accessories occurs at the same counter that is used by the retail establishment in which it is located.*

This type of establishment shall meet the following physical requirements prior to licensing:

- Constructed and maintained in accordance with all Federal, Provincial and Municipal laws
- The retail establishment in which it is located does not include a pharmacy and has not been issued a lounge license under the *Liquor Licensing Regulations*
- There is sufficient space for the storage, sale and supply of cannabis
- There is a secure area which
  - is equipped with a commercial lock or locking mechanism
  - is a permanent area with walls that are fixed or is a vault, safe, locker, cabinet or other enclosure that is fixed to the floor or a wall, and
  - has the capacity to store all of the cannabis purchased or obtained by a retailer from a producer for that cannabis store or cannabis retail location
- The place or premises has an intrusion detection system which
  - allows the detection of any attempted or unauthorized access to the place or premises or any attempted or unauthorized tampering with the system, and
  - monitors the area of the place or premises in which cannabis will be sold or otherwise supplied, the secure area where cannabis will be stored and the entrance and exit doors of the place or premises
- The place or premises has a video surveillance system which
  - is capable of making a visible recording of any illicit conduct in the conditions under