

A Cannabis Representative Registration is to be completed by all cannabis suppliers (LP's) and corporations that represent cannabis suppliers in the sale of cannabis in Alberta.

The applicant must provide the following items before the application can proceed and the application process is usually 2 – 4 months:

- Non-refundable Registration fee of \$200
- Application for Cannabis Representative Registration (Form 8002)
- Particulars of Individual – Cannabis (Form 5013) completed by all directors, shareholders, officers
- Particulars of Incorporation of Company (Form 5231)
- Particulars of Incorporation of Company for all shareholding companies (Form 5231), if applicable
- Certificate of Incorporation in Alberta or Extra-Provincial Registration for Alberta
- Acknowledgment and Undertaking (Form 8003)
- Letter of Authorization – Cannabis (Form 8007) (sample attached)
- Copy of all Health Canada cannabis licences

Provide to Licensing in a sealed envelope addressed to Due Diligence, the below items:

- Deposit of **\$3,000**
- Applicant Disclosure (Form 8015)
- Associated Applicant Disclosure (Form 8016) to be completed by corporate entities only
- Personal Disclosure (Form 8017)

All individuals who represent a Cannabis Supplier (licensed producer) within the province of Alberta are required to obtain Qualified Cannabis Worker status (Form 8013). Additional information on Qualified Cannabis Workers may be found at [aglc.ca](http://aglc.ca)

The applicant may return the completed package to:

AGLC Liquor/Cannabis Licensing  
50 Corriveau Avenue  
St. Albert AB, Canada T8N 3T5

**OR** phone 1-855-506-1066 ext. 1 (toll-free) to schedule an appointment.

**ONLY COMPLETED APPLICATION PACKAGES WILL BE PROCESSED**



# APPLICATION FOR CANNABIS REPRESENTATIVE REGISTRATION

NAME OF REGISTRANT:

(e.g., Company, Partnership or Individual)

\_\_\_\_\_

OPERATING NAME:

\_\_\_\_\_

STREET ADDRESS:

\_\_\_\_\_

CITY/TOWN:

\_\_\_\_\_

PROVINCE:

\_\_\_\_\_

POSTAL CODE:

\_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_

CITY/TOWN:

\_\_\_\_\_

PROVINCE:

\_\_\_\_\_

POSTAL CODE:

\_\_\_\_\_

CONTACT NAME:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

PREMISES PHONE:

\_\_\_\_\_

The AGLC requires a Communications Contact email address for the purpose of sharing and collecting important information related to cannabis licensing, policies and processes. Please ensure this email is updated regularly. If no email is provided, the corporation mailing address will be used.

COMMUNICATION CONTACT EMAIL:

\_\_\_\_\_

APPLICATION CONTACT NAME:

\_\_\_\_\_

CONTACT PHONE:

\_\_\_\_\_

BY SIGNATURE I CERTIFY THE ABOVE INFORMATION IS CORRECT, AND THE APPLICANT IS THE OWNER OR LESSEE OF THE PREMISES COVERED BY THIS APPLICATION, AND IS IN ACTUAL POSSESSION AND CONTROL OF THOSE PREMISES.

DATE:

\_\_\_\_\_

✕

\_\_\_\_\_  
SIGNATURE OF REGISTRANT

**In the event that the licence application process is not completed within one year of the submission date, AGLC may require that a new application be made.**

**Protection of Privacy** – The personal information requested on this form is collected under the authority of Section 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the administration of all policies and processes relating to cannabis licensing. Direct any questions about this collection to: AGLC FOIP Coordinator, 50 Corriveau Avenue, St. Albert, AB T8N 3T5 780-447-8600 or toll free at 1-800-272-8876.

NAME	Surname	First Name	Middle Name(s) (in full)			
MAIDEN NAME	OTHER NAMES					
DATE OF BIRTH	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Year</td> <td style="width: 25%; text-align: center;">Month</td> <td style="width: 25%; text-align: center;">Day</td> </tr> </table>	Year	Month	Day	<input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> LANDED IMMIGRANT	
Year	Month	Day				
PLACE OF BIRTH	CONTACT PHONE:					
EMAIL ADDRESS						

**Please check (✓)**

Licensee/Registrant   
  Director/Officer   
  Shareholder   
  General Manager   
  Manager

NAME OF APPLICANT:			
(Company, Partnership)			
NAME OF PREMISES/AGENCY:			
(Operating/Trade Name)			
STREET ADDRESS			
	City	Postal Code	

I hereby authorize Alberta Gaming, Liquor & Cannabis to undertake a criminal record check, with any police agency, to determine my eligibility to be involved in liquor or cannabis licensed premises, liquor agency or registered cannabis representative.

\_\_\_\_\_

Signature
Date

A privacy statement for the collection of personal information may be found at [www.aglc.ca](http://www.aglc.ca).



## PARTICULARS OF PARTNERSHIP

Operating/Trade Name: _____	
Street Address: _____	
City/Town: _____	Postal Code _____
Telephone _____	
Name of Registered Partnership: _____	
Date of Registration _____	Date of Registration in Alberta (if applicable) _____

**DIRECTORS:**

Name	Address	Phone Number	Position Held

**PARTNERS: (both general and registered)**

Name	Address	Type of Partner

**CERTIFIED CORRECT** by an authorized director of the Corporation, and by a Lawyer or CPA, as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

_____ (Signature) LAWYER or CPA	_____ (Signature of Director)
_____ (Firm)	_____ (please print name of Director)

**ANY CHANGE IN DIRECTORS OR SHAREHOLDERS MUST BE IMMEDIATELY REPORTED TO AGLC.**

The information you are providing on this application form is collected under the authority of the *Gaming, Liquor and Cannabis Act*; Gaming, Liquor and Cannabis Regulation, and the *Freedom of Information and Protection of Privacy (FOIP) Act*, section 33(c). The information is strictly for the use of Alberta Gaming, Liquor and Cannabis in assessing your eligibility. Your personal information is protected by Alberta's FOIP Act and can be reviewed upon request. If you have any questions about the collection or use of the information, please contact Alberta Gaming, Liquor and Cannabis, 50 Corriveau Avenue, St. Albert, Alberta T8N 3T5 Telephone: 780-447-8600 Toll-free: 1-800-272-8876.



## PARTICULARS OF INCORPORATION OF COMPANY

Operating/Trade Name: _____	
Street Address: _____	
City/Town: _____	Postal Code _____
Telephone _____	
Name of Corporation: _____	
Date of Incorporation _____	Date of Registration in Alberta (if applicable) _____

**DIRECTORS:**

Name	Address	Phone Number	Position Held

**SHAREHOLDERS:** (both voting and non-voting, and the number and class of shares that each holds)

Name	Address	No. of Shares Held

**CERTIFIED CORRECT** by an authorized director of the Corporation, and by a Lawyer or CPA, as of the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

_____ (Signature) LAWYER or CPA	_____ (Signature of Director)
_____ (Firm)	_____ (please print name of Director)

**ANY CHANGE IN DIRECTORS OR SHAREHOLDERS MUST BE IMMEDIATELY REPORTED TO AGLC.**

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## ACKNOWLEDGEMENT AND UNDERTAKING

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1. The cannabis representative named below understands his/her legal obligations under:
  - a) the *Gaming, Liquor and Cannabis Act*, as amended from time to time
  - b) the Gaming, Liquor and Cannabis Regulation, as amended from time to time
  - c) AGLC policies and guidelines

The cannabis representative:

2. Acknowledges responsibility to ensure all staff become aware of the requirements contained in this Acknowledgement and Undertaking.
3. Confirms that the cannabis representative has not entered into any verbal or written, expressed or implied, agreement with a cannabis licensee, an employee of a cannabis licensee, or an agent of a cannabis licensee (hereafter referred to as "cannabis licensee") to sell any particular brand, class, kind or type of cannabis or cannabis accessory, except as authorized by the *Gaming, Liquor and Cannabis Act*, Gaming, Liquor and Cannabis Regulation, AGLC policies and/or agreements which have been approved by the AGLC Board.
4. Confirms that the cannabis representative has not directly or indirectly made, or offered to make, a loan or advance, given or offered to give money, a rebate, a concession or anything of value to a cannabis licensee.
5. Confirms that the cannabis representative has not sold, given, rented or loaned any furniture, furnishings, equipment, fixtures, decorations, signs or supplies to a cannabis licensee.
6. Understands that failure to comply with the *Cannabis Act*, Cannabis Regulation, *Gaming, Liquor and Cannabis Act*, Gaming, Liquor and Cannabis Regulation, or AGLC policies (includes handbooks) may result in prosecution and/or appearance before the AGLC Board.
7. Agrees to advise the AGLC each time a licensee or employee of the licensee requests a benefit or inducement from the cannabis representative.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Cannabis Representative Signature

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
Date (Month, Day, Year)

\_\_\_\_\_  
Name of Cannabis Representative

**Offering or providing inducements to a cannabis licensee is prohibited under the *Cannabis Act*, Cannabis Regulation, *Gaming, Liquor and Cannabis Act*, Gaming, Liquor and Cannabis Regulation and AGLC policy.**

The following describes monetary (or monetary value) inducements which cannabis representative or employees of cannabis representative, are prohibited from offering or providing to cannabis licensees.

1. Payments, rebates or credits of any monetary value.
2. Monetary deposits into licensee accounts in any direct or indirect manner.
3. Any cannabis products other than nominal cannabis product samples permitted under policy guidelines, "Product Promotions".
4. Interior decorating (e.g. painting, window dressing, and flooring) and renovations or maintenance to the licensed premises or other property owned, rented, or leased by a licensee or anyone directly or indirectly in a business relationship with the licensee.
5. Locked display cabinets, alarm system, video security surveillance system, furniture, office equipment, signs, required in the operation of a licensed premises.
6. Underwriting licensees' expenses, either directly or indirectly, for any travel, whether or not it is for business purposes, a vacation, or a combination of both.
7. Season tickets to sporting or other events.

This is a summary only. A relationship between a cannabis representative and cannabis licensee, or any product promotion, must comply with the *Cannabis Act*, *Cannabis Regulation*, *Gaming, Liquor and Cannabis Act*, *Gaming, Liquor and Cannabis Regulation*, or policy guidelines.

For further information, contact the Regulatory Services Division:

St. Albert Office 780-447-8600	Calgary Office 403-292-7300
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References: *Gaming, Liquor and Cannabis Act*, as amended from time to time  
*Gaming, Liquor and Cannabis Regulation*, as amended from time to time

**Please retain Appendix A for your records.**

**(MUST BE ON CANNABIS SUPPLIER LETTERHEAD)**

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

## **LETTER OF AUTHORIZATION**

AGLC  
50 Corriveau Avenue  
St. Albert, Alberta  
Canada T8N 3T5

We authorize (***name and address of cannabis representative***) to handle our products in Alberta.

We understand (***name of cannabis representative***) is totally responsible for the marketing of the product in the Alberta.

We confirm that we are a federally licenced cannabis producer and remain solely responsible for the quality of our product, will only supply product free of defect, safe for human consumption, and of quality acceptable to the AGLC. We will (and do hereby) indemnify and save harmless the AGLC and its servants and agents from and against any and all losses, damages, claims, demands, liabilities, costs and harm whatsoever arising out of any defects or other faults whatsoever with any of our products.

We understand that cancellation of this Authorization is our responsibility. We must notify the AGLC in writing.

(Signed by the Supplier)