



# LIQUOR DISTRIBUTION BRANCH

## Cannabis Licensed Producer Registration Form

Company Legal Name:

\_\_\_\_\_

Address Unit/Suite/Apt #: \_\_\_\_\_

Province: \_\_\_\_\_

Street: \_\_\_\_\_

Postal Code: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

PO Box: \_\_\_\_\_

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Excise License and Tax Information:

CRA Excise License #: \_\_\_\_\_

License Start Date: \_\_\_\_\_

GST #: \_\_\_\_\_

License End Date: \_\_\_\_\_

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Contact Information:

- **Operations/Sales Contact :**

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

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

- **Finance Contact :**

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

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

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**Provide Health Canada License Details below : need copies of HC License and CRA Excise Tax license**

➤ Health Canada License Information - Site (#1)

**Licence Holder Name :** \_\_\_\_\_

Address Unit/Suite/Apt #: \_\_\_\_\_ Province: \_\_\_\_\_

Street: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Health Canada License #: \_\_\_\_\_ CRA Excise License#: \_\_\_\_\_

License Start Date: \_\_\_\_\_ License Type: \_\_\_\_\_

License End Date: \_\_\_\_\_ i.e. Cultivation / Process / Sales (Medical)

Authorized Cannabis Classes:  Plants/Seeds  Dried/Fresh  Extracts  Edible  Topical

- Will you distribute product via BC Direct Delivery program from this site ? Yes / No \_\_\_\_\_

➤ Health Canada License Information - Site (#2)

**Licence Holder Name :** \_\_\_\_\_

Address Unit/Suite/Apt #: \_\_\_\_\_ Province: \_\_\_\_\_

Street: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Country : \_\_\_\_\_

Health Canada License #: \_\_\_\_\_ CRA Excise License#: \_\_\_\_\_

License Start Date: \_\_\_\_\_ License Type: \_\_\_\_\_

License End Date: \_\_\_\_\_ i.e. Cultivation / Process / Sales (Medical)

Authorized Cannabis Classes:  Plants/Seeds  Dried/Fresh  Extracts  Edible  Topical

- Will you distribute product via BC Direct Delivery program from this site ? Yes / No \_\_\_\_\_

(\*\* Use extract copy of this page if Site #3 setup or more are required )

Once Above information being filled up, Please Email completed form to [Cannabis.Vendor@bclbdb.com](mailto:Cannabis.Vendor@bclbdb.com)

<b>INTERNAL USE ONLY</b>
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Data Entry : \_\_\_\_\_ A/P Setup by : \_\_\_\_\_

Date reviewed (VRA): \_\_\_\_\_ WS Manager Approval : \_\_\_\_\_

Oracle Setup Date: \_\_\_\_\_ Supply Agreement Completed :  Yes  No