



Email completed form to: Cannabis.vendor@bcldb.com

Cannabis Vendor Change Form

Date of Request	Vendor No#	Vendor Name
Contact Name	Contact Phone#	Contact Email

Health Canada License & Site Change (*Attached Health Canada license copy)

Health Canada Lic#	Site / City	Lic Start Date	Lic Expiry Date	Cannabis Classes allow to sell (i.e. flower, edible)

Contact update :

Remove	Add	Contact Name	Email	Phone#

Other Vendor change : (* Need to attach backup)

	OLD	NEW
Vendor Name		
Banking/ Deposit :		

Signature: _____ Date : _____

Additional Comments :

INTERNAL USE ONLY

Department	Approved by :	Date (mm/dd/yy)
Category Manager		
Wholesale Manager		
Wholesale Vendor Relations		

NEXT STEPS:	Email Completed form to cannabis.vendor@bcldb.com
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