



**LIQUOR  
DISTRIBUTION  
BRANCH**

**Recreational Cannabis Vendor Registration Form**

Company Legal Name: *Please provide an invoice, business registration or other supporting documentation*

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Address Unit/Suite/Apt #: \_\_\_\_\_ PO Box: \_\_\_\_\_  
 Street: \_\_\_\_\_ Province: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_

**Excise License and Tax Information:**

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CRA Excise License #: \_\_\_\_\_ License Start Date: \_\_\_\_\_  
 GST #: \_\_\_\_\_ License End Date: \_\_\_\_\_

**Contact Information:**

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Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Department:  A/P  Sales  Others: \_\_\_\_\_

**Email for PO notification (up to 3 emails)**

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

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

➤ Health Canada License Information - Site (#1)

**License Holder Name :** \_\_\_\_\_

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

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

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

Health Canada 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

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➤ Health Canada License Information - Site (#2)

**License Holder Name :** \_\_\_\_\_

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

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

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

Health Canada 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

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

**INTERNAL USE ONLY**

Vendor Analyst Reviewed : \_\_\_\_\_ Oracle Setup Date: \_\_\_\_\_

Vendor Site #: \_\_\_\_\_ A/P Setup by : \_\_\_\_\_

Date reviewed : \_\_\_\_\_ WS Manager Approval : \_\_\_\_\_

HC Site validated : \_\_\_\_\_ Supply Agreement Completed :  Yes  No

**Next Steps**

Email completed form to [Cannabis.Vendor@bcldb.com](mailto:Cannabis.Vendor@bcldb.com)