

Planning and Development Services License and Inspections

## **Development Permit** Preliminary Application (Stage 1): Retail Dealer - Medical Marijuana-related **Use Application Form**

Application location (complete and correct address is important. Complete this section carefully).		
Address:	ldress: Specifics:	
Floor Level: Suite	e No:	
Legal Description:		
Lot(s): Block(s):	District Lot(s):	Plan Number(s):
This area must be completed by the person <u>signing</u> the Preliminary Application Form.		
Your Name:		Tenant Agent for Tenant
Mailing Address:(if different from above)		Non-profit Association Cert. No:
City:	Postal Code:	
E-mail Address:		-
Phone Number:		
Business Name:		_
As owner or owner's agent, I have verified that the information contained within this document and associated applications and plans is correct, and describes a use, a building or a work which complies with all relevant by-laws and statutes. I understand that personal information contained in this form will not be released to the public except as required by law; however, all associated applications and plans will be made publicly available during the development or building application process. I acknowledge that responsibility for by-law compliance rests with the owner and the owner's employees, agents and contractors. I will indemnify and save harmless the City of Vancouver, its officials, employees and agents against all claims, liabilities and expenses of every kind, in respect to anything done or not done pursuant to this application or fact sheet or ensuing permit, including negligence and/or the failure to observe all by-laws, acts or regulations.		
SIGNED AT VANCOUVER, BC THIS _	DAY OF 20	Signature of Applicant
Office Use Only		
Date of Application: DAY:	YEAR:	

DAY: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_

Application Received By: \_\_\_

Application requirements include:

Fee of \$100.00 Proof of Lease

Date of Lease: