



Personal Information and Instructions

Personal Information (to be completed by the applicant)		
Surname	Given Names (First and middle names)	
Other names/Maiden names	E-mail	Birthdate (YYYY-MM-DD)
Primary Telephone # (incl. area code)	Service # (for SPD use)	3197229
Current Address (Apt. or Street No. Street Name City Province Postal Code Country)		

This questionnaire pertains to your honesty, integrity, and lifestyle. It is expected that you answer all questions completely, honestly, and accurately.

Applicants should note the following when completing the questionnaire:

- Your decision to complete this questionnaire is voluntary. You may withdraw from the process at any time or refuse to provide answers to any or all of the questions in the questionnaire. However, an incomplete questionnaire may result in the refusal of a cannabis retail licence.
- Information provided in this questionnaire regarding serious, recent, or ongoing unlawful activity may be investigated further and/or disclosed to the appropriate law enforcement agency as required by law.
- You are not required to reveal any information related to a conviction under the Young Offenders Act or Youth Criminal Justice Act (Canada) that is outside the required disclosure timeframe.
- If you are unable to complete this document electronically, handwritten submissions must be legible and in ink to be accepted.
- Attach additional pages as needed - clearly mark the relevant question number(s) and include your name and the date at the top of each page.
- After completing the questionnaire, sign and date the Declaration and Consent section on the last page.

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Please keep in mind that the Cannabis Licensing and Control Act provides Security Programs Division (SPD) with the authority to discuss disclosures made in this questionnaire with an individual other than you.

Family Information

1. Current marital status:

- Single Married Engaged Divorced Separated Common-law Cohabiting

2. If applicable, please identify all spouses within the past five years, including your current spouse:

Name (first and last)	Gender	Date of Birth	Duration of Relationship

3. If applicable, please identify all children, step-children, adopted children and any other dependents:

Name (first and last)	Date of Birth	Relationship (i.e. son, daughter, etc.)

4. Please identify parents, step-parents and adoptive parents:

Name (first and last)	Date of Birth	Relationship

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5. Do your parents, children, dependents, or current or past spouse(s) have any involvement in the cannabis industry?

No Yes If yes, please explain: _____

Business Information

6. Please list all individuals associated with the business entity applying for the cannabis retail licence application:

Position	Name (First and Last)	Relationship with the Individual

7. Please list all corporations, partnerships, or other entities (including cannabis retail businesses) that you or your spouse have or have had financial, ownership, organizational or shareholder interest in within the past ten years.

Name and Location of Corporation/Entity	Dates		% Interest Held	Current Status of Business
	From	To		

8. Please list all corporations, partnerships, or other entities (including cannabis retail businesses) that you or your spouse are/were associated with as an officer, director, or other similar capacity within the past ten years.

Name and Location of Corporation/Entity	Dates		Role	Current Status of Business
	From	To		



Background Information

9. Within the last 15 years have you purchased, sold, or given anyone illegal drugs (including steroids)?
 No Yes If yes, please provide complete details.

10. Within the last 15 years have you grown, manufactured, imported or transported illegal drugs?
 No Yes If yes, please explain.

11. Within the last 15 years have you had contact with the police as a result of being under the influence of alcohol and/or illegal drugs? No Yes If yes, please provide complete details.

12. Are you or have you ever been associated with any gang, criminal group, terrorist group, militant group, or other extremist organization that engages in unlawful activities? No Yes If yes, please explain.

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13. Are you aware that any of your current or past family members or friends are involved in any criminal activity, illegal drug use, or associated with any gang, criminal group, terrorist group, militant group, or other extremist organization that engages in unlawful activities? No Yes If yes, please explain.

14. Have you ever been charged and/or convicted of any criminal offences? Full disclosure of all charges and convictions is required, regardless of outcome, including information as a Young Offender pursuant to Section 119(1)(o) of the Youth Criminal Justice Act.

No Yes If yes, please complete the table below.

Year of Charge	Charge/Conviction	Location	Disposition/Outcome

15. Within the last 10 years have you been investigated, detained, or arrested by the police or any law enforcement agency or had your information recorded by the police in relation to an investigation?

No Yes If yes, please provide complete details for each instance.

16. Have you ever had a search warrant, peace bond, restraining order, or protection order served on you?

No Yes If yes, please explain.

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17. Have you been involved in any other criminal behaviour(s) not covered in the above questions?

No Yes If yes, please explain.

Declaration

The information collected on this form is collected for the purpose of fulfilling the requirements of the Cannabis Control and Licensing Act (CCLA) and associated regulations in accordance with Sections 26(a) and (c) of the Freedom of Information and Protection of Privacy Act. Should you have any questions about the collection, use, or disclosure of personal information, please contact the Senior Policy Analyst, Security Programs Division via mail to PO Box 9217 Stn Prov Govt Victoria, BC V8W 9J1; email to cannabissecurityscreening@gov.bc.ca; or by telephone at 1-855587-0185.

I certify, to the best of my knowledge, that the information I have provided in the Cannabis Security Screening Questionnaire is complete, honest, and accurate. I understand that a false statement or omission of facts herein may lead to a denial of a cannabis retail licence pursuant to the CCLA. I am also aware that later discovery of an omission or misrepresentation may be grounds for any finding of suitability to be suspended or revoked.

Applicant Name (please print)

Applicant's Signature

Date Signed