

File: 3380.20. \_\_\_\_\_

Town of Creston, Box 1339, 238 - 10<sup>th</sup> Ave N, Creston BC, V0B 1G0 | 250.428.2214 | info@creston.ca

THE INFORMATION REQUESTED IN THIS FORM IS REQUIRED TO EXPEDITE THE APPLICATION AND ASSIST STAFF IN PREPARING A RECOMMENDATION. PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER **THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT** AND WILL BE USED ONLY FOR THE PURPOSE OF PROCESSING YOUR APPLICATION.

<b>Applicant Name:</b>	
Mailing Address:	
Proposed Establishment Name:	
Proposed Establishment Location:	
Contact Person:	
Contact Phone:	
Contact Email:	

<b>Name of Property Owner:</b>	
Mailing Address:	
Phone:	
Email:	

Proposed Hours of Operation:	
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*It is the responsibility of the applicant to ensure that their proposal is in compliance with Consolidated Zoning Bylaw No. 1123, 1989 and any other applicable Town of Creston Bylaws. If the prospective property is not within the C-1 General Commercial Zone **AND/OR** is within the Cannabis Buffer Area, a Zoning Bylaw Amendment **AND/OR** a Development Variance Permit will be required **PRIOR** to the Town of Creston providing a recommendation regarding your provincial application and **PRIOR** to applying for a Cannabis Retail Business Licence in the Town of Creston.*

**Is the primary public entry to the proposed location OUTSIDE the 150m Cannabis Buffer Area as defined in Schedule B of Consolidated Zoning Bylaw No. 1123, 1989?**

- Yes, compliant
- No, a Development Variance Permit is required (contact Town Hall)

**Is the proposed location within the C-1 General Commercial Zone?**

- Yes, compliant
- No, a Zoning Bylaw Amendment is required (contact Town Hall)

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**Additional Comments:**

**PLEASE ENCLOSE THE CANNABIS RETAIL APPLICATION FEE OF \$1,500 AS PER THE CURRENT TOWN OF CRESTON'S FEES AND CHARGES BYLAW NO. 1763, 2011. THIS FEE IS NON-REFUNDABLE.**

I/We hereby declare that all statements and information contained in the material submitted in support of this application are to the best of my/our belief true and correct in all respects.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (DD-MM-YYYY)

FOR OFFICE USE ONLY	
LCRB Job #:	
Date of LCRB Referral:	
Date of Application Fee Payment:	
Folio #:	
Property Legal Description:	