



# APPLICATION TO BECOME A LICENSED PRODUCER UNDER THE MARIHUANA FOR MEDICAL PURPOSES REGULATIONS (MMPR)

(Disponible en français)

For guidance on completing this application please refer to the *Guidance Document: Application to Become a Licensed Producer under the Marihuana for Medical Purposes Regulations*. Note: An incomplete application may be returned to you.

## 1. PREFERRED LANGUAGE OF COMMUNICATION

English  French

## 2. APPLICANT

### 2.a. Applicant Name

Surname of Individual Applicant or Authorized Corporate Representative			
Given Name(s) of Individual Applicant or Authorized Corporate Representative			
Other registered name(s) <sup>1</sup>			
Title (if applicable)			
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of Birth (YYYY/MM/DD)
Street Address			
City		Province	Postal Code
Telephone No.	( ) -	Fax No. (if applicable)	( ) -
Email			

<sup>1</sup> Any other name registered with a province, under which the individual intends to identify himself or herself or conduct the activities for which the licence is sought.

Licence is sought for:  an individual -or-  a corporation

### 2.b. Corporation

For a corporation, please specify the legal name of the corporation and any other name registered with the province under which the applicant intends to identify itself.

Legal name	
Other registered name (s) <sup>2</sup>	

<sup>2</sup> Any other name registered with a province, under which the corporation intends to identify itself or conduct the activities for which the licence is sought.

**Please attach the following to the application form:**

1. A list indicating the full (legal) name, date of birth and gender of each of the corporation's officers and directors, and whether each officer and director holds a valid security clearance.

List of directors and officers attached:

2. A copy of the certificate of incorporation or other constituting instrument.

Certificate attached:

3. **If applicable**, a copy of any document that states the applicant's name that has been filed with the province where the proposed site is located. This includes any document that references any other name registered with the province, under which the applicant intends to identify itself or conduct the proposed activities.

Document(s) attached:

**3. PROPOSED PERSONNEL**

**3.a. PROPOSED SENIOR PERSON IN CHARGE (SENIOR PIC)**

The Senior Person in Charge will have overall responsibility for management of the activities carried out by the licensed producer under their licence at their site — who may, if appropriate, be the licensed producer. Please identify the proposed Senior Person in Charge. The Senior Person in Charge will have the authority to bind the applicant.

Surname			Given Name(s)		
Other Title					
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of Birth (YYYY/MM/DD)		
Telephone No.	( ) -		Fax No. (if applicable)	( ) -	
Email					

**3.b. PROPOSED RESPONSIBLE PERSON IN CHARGE (RPIC)**

The Responsible Person in Charge will work at the licensed producer’s site and have responsibility for supervising the activities with respect to cannabis conducted at that site by the licensed producer under their licence, and for ensuring that the activities comply with all relevant Acts and regulations. This person may be the same as the Senior Person in Charge.

Surname		Given Name(s)	
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth (YYYY/MM/DD)	
Proposed Schedule – Work Hours and Days (e.g. 8am – 4pm, Mon – Fri)			
Other Title			

**3.c. PROPOSED ALTERNATE RESPONSIBLE PERSON IN CHARGE (A/RPIC)**

The applicant may designate one or more Alternate Responsible Person in Charge to work at the proposed site and replace the Responsible Person in Charge when that person is absent. The Alternate Responsible Person in Charge will work at the licensed producer’s site, in the absence of the RPIC, and have responsibility for supervising the activities with respect to cannabis conducted at that site by the licensed producer under their licence and for ensuring that the activities comply with all relevant Acts and regulations.

If more than one A/RPIC is proposed, additional pages must be attached for each one. Check here if additional pages are included:

Number of A/RPIC(s) you are submitting:

**Proposed A/RPIC:**

Surname		Given Name(s)	
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth (YYYY/MM/DD)	
Proposed Schedule – Work Hours and Days (e.g. 8am – 4pm, Mon – Fri)			
Ranking (e.g. 1 <sup>st</sup> A/RPIC, 2 <sup>nd</sup> A/RPIC, etc.)			
Other Title			

**3.d. PROPOSED PERSONS AUTHORIZED TO PLACE ORDERS FOR CANNABIS ON BEHALF OF THE APPLICANT**

Only individual(s) on this list will be authorized to place orders for cannabis on behalf of the applicant. Attach additional pages if required.

Check here if additional pages are included:

Surname	Given Name(s)	Gender
1)		M <input type="checkbox"/> F <input type="checkbox"/>
2)		M <input type="checkbox"/> F <input type="checkbox"/>
3)		M <input type="checkbox"/> F <input type="checkbox"/>
4)		M <input type="checkbox"/> F <input type="checkbox"/>
5)		M <input type="checkbox"/> F <input type="checkbox"/>

#### 4. SECURITY CLEARANCE

The following individuals are required to have a valid security clearance:

- An individual applicant
- All officers and directors of a corporate applicant (as identified in section 2.b.)
- The proposed Senior Person in Charge (as identified in section 3.a.)
- The proposed Responsible Person in Charge (as identified in section 3.b.)
- The proposed Alternate Person(s) in Charge (as identified in section 3.c.)

The individuals identified above **must** hold a valid security clearance. A producer's licence will not be issued if all the security clearances required under the MMPPR have not been granted.

If any of these individuals already hold a valid security clearance, please attach the confirmation of the security clearance to the application.

If any of the individuals listed above do not already hold a valid security clearance, they will be required to complete the **Security Clearance Application Form**. The form can either be sent with the completed application, or it can be sent separately. If sent separately, please attach a note to clearly indicate under which name and for which site (if applicable) the application was made. The **Security Clearance Application Form** can be found online at: <http://www.hc-sc.gc.ca/dhp-mps/marihuana/info/securit-eng.php>

Note: Applications will not be processed until all completed Security Clearance Application forms associated with this application have been received.

As part of the Security Clearance Application process, each of the individuals identified above will also be required to complete the **Security Clearance Fingerprint Third Party Consent to Release Personal Information** form that will allow a Canadian police force or a fingerprinting company accredited by the RCMP to submit fingerprints to the RCMP for the purposes of a criminal record check. A list of agencies accredited by the RCMP can be found at: <http://www.rcmp-grc.gc.ca/rtid-itr/vulner-eng.htm>. The Security Clearance Fingerprint Third Party Consent to Release Personal Information form can be found online at [http://www.hc-sc.gc.ca/dhp-mps/marihuana/info/third\\_party-tierce\\_partie-eng.php](http://www.hc-sc.gc.ca/dhp-mps/marihuana/info/third_party-tierce_partie-eng.php). You need to provide a copy of these forms as part of your application.

	Already holds a security clearance:	Completed Security Clearance Application Form:	Completed Security Clearance Fingerprint Third Party Consent to Release Personal Information form:
Individual Applicant	<input type="checkbox"/> attached	<input type="checkbox"/> attached <input type="checkbox"/> to follow	<input type="checkbox"/> submitted to a Canadian police force or a fingerprinting company accredited by the RCMP
Corporate Applicant (Officers and Directors)	<input type="checkbox"/> attached	<input type="checkbox"/> attached <input type="checkbox"/> to follow	<input type="checkbox"/> submitted to a Canadian police force or a fingerprinting company accredited by the RCMP
Senior Person in Charge	<input type="checkbox"/> attached	<input type="checkbox"/> attached <input type="checkbox"/> to follow	<input type="checkbox"/> submitted to a Canadian police force or a fingerprinting company accredited by the RCMP
Responsible Person in Charge	<input type="checkbox"/> attached	<input type="checkbox"/> attached <input type="checkbox"/> to follow	<input type="checkbox"/> submitted to a Canadian police force or a fingerprinting company accredited by the RCMP
Alternate Person(s) in Charge	<input type="checkbox"/> attached	<input type="checkbox"/> attached <input type="checkbox"/> to follow	<input type="checkbox"/> submitted to a Canadian police force or a fingerprinting company accredited by the RCMP

## 5. ACTIVITIES AND SUBSTANCES TO BE SPECIFIED ON THE LICENCE

### 5.a. ACTIVITIES WITH MARIHUANA

Please check the box(es) of proposed activities that you intend to carry out using **marihuana**. Please also indicate the: substance description; building where the activities will take place; and purpose for conducting each of the activities.

Activity	✓	Substance Description <sup>1</sup>	Building Name and Address <sup>2</sup>	Purpose
a) Possession	<input type="checkbox"/>			
b) Sale or Provision	<input type="checkbox"/>			
Please refer to the MMPR for information about to whom you can sell or provide.				
c) Shipping, Transportation or Delivery	<input type="checkbox"/>			
d) Destruction	<input type="checkbox"/>			
e) Production	<input type="checkbox"/>			

#### NOTES:

1. Substance Description: Specify whether the activities involve dried marihuana, marihuana plants or seeds.
2. Building: Please ensure this information corresponds to the building information provided in section 6 of this form.

#### 5.a.i. Quantity of Dried Marihuana to be Produced (if applicable)

Please indicate the maximum quantity (expressed as the net weight in kilograms) of dried marihuana to be produced and the production period.

Quantity of dried marihuana to be produced (kg)	Production Period(s) involved

**5.a.ii. Quantity of Dried Marihuana to be Sold or Provided to Eligible Persons Under the MMPR (if applicable)**

Please indicate the maximum quantity (expressed as the net weight in kilograms) of dried marihuana to be sold or provided to eligible persons and the period in which that quantity is to be sold or provided.

Quantity of dried marihuana to be sold or provided (kg)	Period(s) involved

**5.b. ACTIVITIES WITH CANNABIS, OTHER THAN MARIHUANA**

Complete this section if you intend to conduct activities with cannabis derivatives, preparations and similar synthetic preparations, other than marihuana (e.g. in order to conduct *in vitro* testing to determine the percentages of cannabinoids in dried marihuana).

Please check the box(es) of proposed activities that you intend to carry out using **cannabis, other than marihuana**. Please also indicate the: substance description; building where the activities will take place; and purpose for conducting each of the activities.

I do not intend to conduct activities with cannabis, other than marihuana:

Activity	✓	Substance Description <sup>1</sup>	Building Name and Address <sup>2</sup>	Purpose
a) Possession	<input type="checkbox"/>			
b) Sale or Provision  Please refer to the MMPR for information about to whom you can sell or provide.	<input type="checkbox"/>			
c) Shipping, transportation or delivery	<input type="checkbox"/>			
d) Destruction	<input type="checkbox"/>			
e) Production	<input type="checkbox"/>			

**NOTES:**

1. Substance Description: Specify the cannabis derivatives, preparations or similar synthetic preparations to be used (e.g. delta 9-tetrahydrocannabinol or cannabidiol).
2. Building: Please ensure this information corresponds to the building information provided at section 6 of this form.

## 6. PROPOSED SITE INFORMATION

If you intend to conduct licensed activities at more than one site, a separate application must be completed for each site.

### Site Information:

Street Address				
City		Province		Postal Code
Telephone No.	( ) -		Fax No. (if applicable)	( ) -
Email Address (if applicable)				

**Mailing Address:** Same as above

Street Address				
City		Province		Postal Code

### Building Information (if applicable):

If the proposed site is comprised of more than one building in which proposed activities are to be conducted, please provide information on each building. For multiple buildings, attach additional sheets as required.

Check here if additional pages are attached:

Number of buildings included: \_\_\_\_\_

Building Name (if applicable)				
Street Address				
City		Province		Postal Code
Telephone No.	( ) -		Fax No. (if applicable)	( ) -
Email (if applicable)				

**Mailing Address:** Same as above

Street Address				
City		Province		Postal Code



## 7. OWNERSHIP OF PROPERTY

If the applicant is the owner of the **entire** proposed site, the declaration in section 7.a. is to be signed by the proposed Senior Person in Charge (Senior PIC).

If the proposed **site or any portion of the site is not owned by the applicant**, a declaration signed and dated by the owner(s) of the site or each portion of the site must be submitted along with this application consenting to the use of it by the applicant for the proposed activities. (See Appendix A)

Appendix A attached to this form:

### 7.a. Applicant and Site Owner's Declaration

**I hereby declare** that the entire proposed site, mentioned herein within this application, on which the proposed activities are to be carried out, is entirely owned by the applicant for this license under the *Marihuana for Medical Purposes Regulations*.

Surname of site's Senior PIC	Given Name(s)
Other Title (e.g. President)	
Signature of the site's Senior PIC:	Date: (YYYY/MM/DD)

## 8. PROPOSED SITE AND PHYSICAL SECURITY

Please attach a detailed description of the **security measures and floor plans of the site**, including each of the building(s) within the proposed site within which any licensed activities are to be conducted:

**Description of security measures attached**

**Floor Plan of the site attached**

**Floor plan(s) for the building(s) attached**

Note: Any licensed activities proposed to be undertaken at any proposed site must comply with the requirements *Marihuana for Medical Purposes Regulations* and the Health Canada *Directive on Physical Security Requirements for Controlled Substances* at [http://www.hc-sc.gc.ca/hc-ps/pubs/precur/dealers-distrib/phys\\_securit\\_directive/index-eng.php](http://www.hc-sc.gc.ca/hc-ps/pubs/precur/dealers-distrib/phys_securit_directive/index-eng.php). A security level must be established for each building where cannabis, other than marihuana plants, will be stored.

Please also refer to the *Guidance Document – Building and Production Security Requirements for Marihuana for Medical Purposes* at: <http://www.hc-sc.gc.ca/dhp-mps/marihuana/info/bp-securit-eng.php> for assistance in determining the security measures required based on the proposed licensed activities to be conducted at the proposed site.

**9. NOTICE TO LOCAL GOVERNMENT, POLICE AND FIRE AUTHORITIES**

Before submitting this application, a notice that includes the proposed activities to be conducted with cannabis and the address of the site(s) and of each building within the site(s) must be provided to a senior official of the local police, local fire authority and local government.

Please identify below the names of the senior officials within your local police, local fire authority and local government to whom you have provided notifications. Please also attach a copy of each notice to this application.

Copies of all the notices are attached

**Police Force**

Local authority:	
Name of senior official:	
Title:	
Address:	
Date provided:	

**Fire Authority**

Local authority:	
Name of senior official:	
Title:	
Address:	
Date provided:	

**Local Government (e.g. Municipality)**

Local authority:	
Name of senior official:	
Title:	
Address:	
Date provided:	

**DECLARATION to be completed by the Senior Person in Charge**

**I hereby declare** that written notices containing the information referred to in this application regarding proposed activities regulated under the MMPR have been provided to the senior official of the local authorities listed above:

Surname (Senior PIC)	Given Name(s)
Other Title (e.g. President)	
Signature of Senior PIC:	Date:  (YYYY/MM/DD)

**10. QUALITY ASSURANCE PRE-LICENSING REPORT**

The applicant must submit a document signed and dated by the proposed quality assurance person that includes:

- i. a description of the quality assurance person’s qualifications in respect of the proposed licensed activities and the requirements of the MMPR; and,
- ii. a report establishing that the buildings, equipment and proposed sanitation program to be used in conducting the proposed activities referred in the MMPR comply with regulatory requirements.

Note: The accuracy of the information in the report will be verified by Health Canada inspectors during the pre-licence inspection of the proposed site.

Document signed and dated by the proposed quality assurance person attached:

**11. RECORD KEEPING**

Please provide in an attachment a detailed description of your proposed record keeping methods. Your proposed record keeping methods must comply with and will be evaluated for compliance with Part 6 of the MMPR.

If available, you may choose to also submit examples of the documents you are planning to use to ensure proper record keeping.

A detailed description of proposed record-keeping methods is attached:

**Optional:** Example(s) of proposed record-keeping document(s) is attached:

## 12. DECLARATIONS AND ATTESTATIONS

The following declarations and attestations must be signed and dated by the Senior Person in Charge.

**I hereby declare** that the proposed Senior Person in Charge (Senior PIC), the proposed Responsible Person in Charge (RPIC), and if applicable, the proposed Alternate Responsible Person(s) in Charge (A/RPIC) are familiar with the provisions of the *Controlled Drugs and Substances Act* and its regulations and the *Food and Drugs Act* that will apply to this licence.

**I hereby declare** that the entire proposed site, mentioned herein within this application, on which the proposed activities are to be carried out, is not a dwelling-place.

**I hereby attest** that all of the information and documents submitted in support of the application are, to the best of my knowledge, correct and complete.

**I hereby attest** that I have the authority to bind the applicant.

Surname of Senior PIC	Given Name(s)
Other Title (e.g. President)	
Signature of Senior PIC:	Date: (YYYY/MM/DD)

## 13. SUBMISSION

Please take note that all mandatory information and documents requested must be provided to avoid delay of processing this application. Your application may be returned to you if it is incomplete. Please send the completed Application Form and accompanying documents to the Office of Controlled Substances at the following address:

**Health Canada  
A.L.: 0300B  
Ottawa, ON  
K1A 0K9**

A Health Canada representative is available to assist you if you have any questions pertaining to these requirements and the application process. You can send us your questions by email at [MMPR-RMFM@hc-sc.gc.ca](mailto:MMPR-RMFM@hc-sc.gc.ca) or call us at 1-866-337-7705.



**(2) To be completed by site owner(s):**

**(2) a) Sole owner**

**I hereby declare** that I am the sole owner of the proposed site listed in section (1) of this Appendix and that I am fully aware of and consent to the activities with cannabis described in section (1) of this Appendix being conducted on this site.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(YYYY/MM/DD)

Print Full Name: \_\_\_\_\_

**(2) b) Joint Owner(s)**

**Note:** If the site is co-owned, please provide the name and address for each property owner.

**Property Co-owner**

Full Name:	
Address:	

**Property Co-owner**

Full Name:	
Address:	

**Property Co-owner**

Full Name:	
Address:	

**Property Co-owner**

Full Name:	
Address:	

**I hereby declare** that I am a co-owner of the proposed site listed in section (1) of this Appendix and that I am fully aware of and consent to the activities with cannabis described in section (1) of this Appendix being conducted on this site.

Property co-owner's signature: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Date: \_\_\_\_\_  
(YYYY/MM/DD)

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Property co-owner's signature: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Date: \_\_\_\_\_  
(YYYY/MM/DD)

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Property co-owner's signature: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Date: \_\_\_\_\_  
(YYYY/MM/DD)

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Property co-owner's signature: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Date: \_\_\_\_\_  
(YYYY/MM/DD)

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Check here if additional pages are included