



COLUMBIA SHUSWAP REGIONAL DISTRICT

PO Box 978, 555 Harbourfront Drive NE, Salmon Arm, BC V1E 4P1
T: 250.832.8194 | F: 250.832.3375 | TF: 1.888.248.2773 | E: plan@csrd.bc.ca | www.csrd.bc.ca

RETAIL CANNABIS SALES APPLICATION FORM

This form is for Retail Cannabis Applications only. Applicants are advised to consult with Development Services staff before submitting a Development Application to the Columbia Shuswap Regional District (CSRD). Fees are non-refundable unless otherwise noted.
IMPORTANT: An application is considered incomplete and pending until all required documentation is received; applications are only placed in the queue for processing once all required documentation is received.

Fee

☐ Public Survey option: \$1000 ☒ Public Survey + Public Meeting option: \$2000

Owner Information (Registered owner(s) information required). ☐ Additional page(s) attached.

Full Name(s): Warren Lee

Mailing Address (house number, street name, city, province, postal code):

425 Palmerston Blvd, Toronto, Ontario, M6C 2N7

Phone:

Cell Phone:

416-998-3674

E-mail:

warren@leeskickboxing.com

Preferred method: ☐ Phone ☒ Email

Applicant Information (If the applicant is not the owner(s) or if one registered owner is assigned to act as agent on behalf of all registered owners, complete this and the agent authorization section).

Full Name: James Inglis

Mailing Address (house number, street name, city, province, postal code):

2798 Balmoral Rd, Blind Bay, BC, V0E 1H1

Phone:

250-675-2046

Cell Phone:

250-253-5631

E-mail:

copperislandcannabisco

Preferred method: ☐ Phone ☒ Email

NOTE: In order to use an agent to work on the owners' behalf, all registered owners on title must sign to grant authorization. If the property is owned by a corporation, a designated person with signing authority for the company must sign the form and provide documentation of signing authority. Attach a separate page with additional signatures if necessary.

Authorization of Agent (Complete only if the applicant is not the owner(s) or if one registered owner is assigned to act as agent on behalf of all registered owners). ☐ Additional page(s) attached.

As owner(s) of the land described in this application, I/we hereby authorize James Inglis to act as agent in regard to this land development application and understand that the Agent will be the point of contact with the CSRD.

Warren Lee

Print name of Owner

Signature of Owner

Warren Lee

09/18/19

Date (mm/dd/yy)

Print name of Owner

Signature of Owner

Date (mm/dd/yy)

Property Information (Complete all property information of land under application, if available).

Legal Description (lot, block, section, township, range, district lot, land district, plan):

Lot 1 Plan KAP 87151

Civic Address (house number, street name, city, province, postal code):

2798 Balmoral Rd, Blind Bay, BC, V03 1H1

Parcel Identifier (PID): 026-842-637

Size of property (hectares or acres): 1.02 ha

Existing Land Use (i.e. How is the land used? What buildings and structures are on the property? What are they used for?)

Grocery, Liquor and Fuel Retail. Building 1: Vacant. Building 2: Grocery / Liquor / Fuel Retail. Building 3: inventory and supply storage. Building 4: Forklift parking garage. Structure 1: Fuel Retail Canopy. Structure 2: Pole sign.

Type of Licence / Description of Proposed Retail Cannabis Operation (Please attach separate pages if necessary). ☐ Additional page(s) attached.

Non Medical Cannabis Retail.

Declaration (If no agent has been authorized as the applicant, all registered owners must sign declaration. If more than two individual owners, attach a separate page with additional signatures). ☐ Additional page(s) attached.

I, the undersigned, hereby certify that the attached information, provided with respect to this application is full and complete and a true statement of facts, and hereby agree to submit further information as may be deemed necessary for processing the application.

James Inglis

Print name of Owner/ Agent

Signature of Owner/ Agent

09/19/19.
Date (mm/dd/yy)

Print name of Owner/ Agent

Signature of Owner/ Agent

Date (mm/dd/yy)