THE CORPORATION OF THE CITY OF GRAND FORKS

GRAND FORKS

7217-4th STREET, BOX 220, GRAND FORKS, B.C. V0H 1H0 TELEPHONE: 250-442-8266 FAX: 250-442-8000

DEVELOPMENT VARIANCE PERMIT APPLICATION FILE DVP 1903 Receipt No. APPLICATION FEE \$350.00 **LOCAL GOVERNMENT ACT, SECTION 498** Registered Owner(s): 429291 BC LTO 454 WHITMAN WAY Mailing Address: TABEL , B.C. VIR 4T9 Home: 250 - 231-9513 Work Telephone: Legal Description: LOT) BLOCK 3, PLAN KAP 23, D.L. 108 SIMILKAMEEN DIV' 135B MARKET AVE GRAND FARKS BC Civic Address: DECLARATION PURSUANT TO THE WASTE MANAGEMENT ACT PETER SAMERIALLE, owner of the subject property described on this application form, hereby declare that the land which is the subject of this application has not, to my knowledge been used for industrial or commercial activity as defined in the list of "Industrial Purposes and Activities" (Schedule 2) of the Contaminated Sites Regulation (B.C. Reg. 375/96). I therefore declare that I am not required to submit a Site Profile under Section 26.1 or any other section of the Waste Management Act. August 27, 2019

(date)

Website: www.grandforks.ca Email: info@grandforks.ca

(signature)

THE CORPORATION OF THE CITY OF GRAND FORKS



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Outline the provisions of the respective Bylaw(s) that you wish to vary and give your reasons for making this request:

REQUEST VARIANCE TO ALLOW NON-MEDICINAL

CANNABLS RETAIL SALES AT THIS LOCATION

(135B MARKET AVE GRAND FORKS)

CURLENTY 92.34 METERS TO "DAZZLE DANKE"

STUDIO. BYLAW STATES 100.0 M SEPARATION

Submit the following information with the application:

- 1. A legible site plan showing the following:
 - (a) The boundaries and dimensions of the subject property.
 - (b) The location of permanent or proposed buildings and structures existing on the property.
 - (c) The location of any proposed access roads, parking, screening, landscaping or fencing.
 - (d) The location and nature of any physical or topographic constraints on the property (stream, ravines, marshes, steep slopes, etc.)

Other information or more detailed information may be requested by the City of Grand Forks upon review of your application.

The information provided is full and complete and to the best of knowledge to be a true statement of the facts relating to this application.

Signature of Owner

Date August 17, 2019

Website: www.grandforks.ca Email: info@grandforks.ca



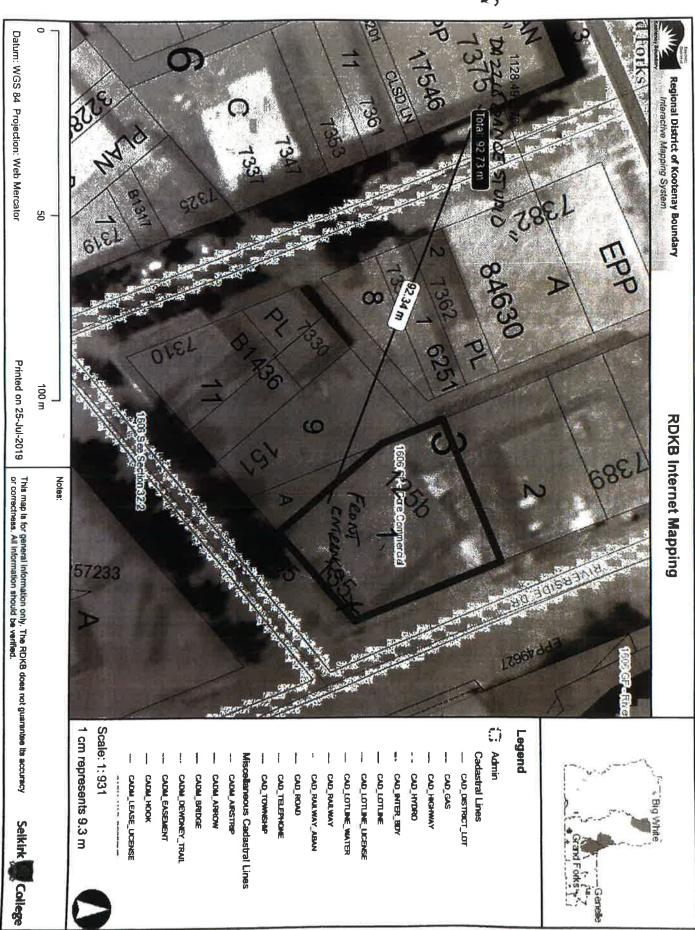
THE CORPORATION OF THE CITY OF GRAND FORKS

Application for Business Licence

Please answer all applicable questions, sign in the space provided below and return this form, together with the appropriate licence fee to the Licence Department. PLEASE BE AWARE THAT THE LICENCE FEE PAYMENT IS BASED ON THE CALENDAR YEAR (JANUARY TO DECEMBER, NO MATTER WHEN THE APPLICATION IS MADE).

1.	Trade name of business: 0903/4/ BC ATD (BBA/TBD)
2.	Business civic address: (BBA(TBD) (35B MARKET STREED G.
3.	Business mailing address: Po Box 510 Rosskaup BC
	(address, postal code and email address of the business)
	(address, postal code and email address of the business)
4.	Business phone number: 255 368 1452
5.	Number of Employees: 6 Expected opening date: MAY 2020
6.	Type of Business: NOW-MEDICINAL GONNABIS ROTAL
7.	Type of service/product sold/contract: SAME AS ABOVE
8.	Owner of business: 0903/4/ BC LTO (partnership/organizations/limited companies – please attach list of principle officers)
9.	Address of Owner(s): BBX 510 Ross Land BC
10.	Previously held licence in Grand Forks Yes No Year
	(circle yes or no)
11.	
	(circle yes or no)
12.	Agents last sales area:
13.	Name of applicant: Waren way
	PO BOX SIO ROSSUNO BC VOGILYO
(fuli 1	name, address and phone number of the applicant) (cont'd on reverse)

*City of Grand Forks Business Licence Bylaw #1384 and all amendments



Full name of certified: Area of proficiency: CROSS CONNECTION CONTROL PROGRAM A Cross Connection Control Survey may need to be conducted if your business is deemed to be a High Cross Connection Control Survey may need to be conducted if your business is deemed to be a High Cross Connection Risk. There may be costs associated with eliminating any cross connections found by officials of the City's Water Department. Should you have any concerns regarding this process, please contact the Water & Sewer System Coordinator at 250-442-8266, Extension 60244. Initials I/We hereby make application for a licence in accordance with particulars as stated above and declare that the above statement is true and correct. I/We undertake that, if granted, the licence applied for, I/We will comply with each and every obligation contained in all laws and bylaws now in force, and amendments thereto, in the City of Grand Forks, Province of British Columbia. We consent that the information contained, herein may be made available to the B.C. Assessment Authority, Revenue Canada Texation and the City's website at www.grandforks.ca . Signature of applicant: Date of application: Date of application: Zoning: Licence fee: Receipt # Date Paid: Licence fee: Receipt # Date Paid: Licenced as: Department approvals Scan To Economic Development: Wanager of Operations: Cross Connection: YES NO If yes, send copy to Water Foreman Fire Chief: Public Health Certificate: Licence Inspector: Date of Final Approval:	14.Provincial Certificate of Proficiency # (Applies to Trades qualification or Professional Services Number or Certificate)
CROSS CONNECTION CONTROL PROGRAM A Cross Connection Control Survey may need to be conducted if your business is deemed to be a High Cross Connection Risk. There may be costs associated with eliminating any cross connections found by officials of the City's Water Department. Should you have any concerns regarding this process, please contact the Water & Sewer System Coordinator at 250-442-8266, Extension 60244. Initials I/We hereby make application for a licence in accordance with particulars as stated above and declare that the above statement is true and correct. I/We undertake that, if granted, the licence applied for I/We will comply with each and every obligation contained in all laws and bylaws now in force, and amendments thereto, in the City of Grand Forks, Province of British Columbia. We consent that the information contained herein may be made available to the B.C. Assessment Authority, Revenue Canada Texation and the City's website at www.grandforks.ca . Signature of applicant: Date of application: Zoning: Licence fee: Receipt # Date Paid: Department approvals Scan To Economic Development: Wanager of Operations: Cross Connection: YES NO If yes, send copy to Water Foreman Fire Chief: Public Health Certificate: Licence Inspector: Date of Final Approval:	
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Date of application: Date of application: 25 TOLY 2019	We consent that the information contained herein may be made available to the B.C. Assessmenthy, Revenue Canada Texation and the City's website at www.grandforks.ca .
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Building Inspection:	Licenced as:
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Notes:	

"The Information on this form is collected under the authority of the Community Charter Act in order to process your payment agreement application. Personal information collected is protected pursuant to the Freedom of Information and Protection of Privacy Act. ENQUIRIES: Corporate Officer, the Corporation of the City of Grand Forks, 7217 4th Street, Grand Forks, BC V0H 1H0 Tel: 250.442.8286°.

Version: Oct 21/15

N:forms-lists/business licences/business licence application form

Description of the Improvement Layout OIP ic Jane PROBLES
ENTRANCE

135B MARKET AVE

GRAND FRAKS 9 BOUNDARY REAL MORTGAGEE: CANADIAN IMPERI COMMERCE, GRAND FO DESCRIPTION: LOT I BLOCK