



**Alcohol and Gaming Commission of Ontario**  
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# Consent to Transfer

## Cannabis Retail Store Authorization

### Application Information

Legal Name of Transfer Applicant

File Number

### Current Authorization Information

Name of the Retail Store

Authorization Number

**Legal Name of Current Authorization Holder**  
 (Provide name as identified on the authorization)

### Declaration

By signing below, I/we consent to the transfer of the authorization described in the Current Authorization Information section to the entity described in the Application Information section.

**Only individual(s) with authority to bind the holder of the authorization may sign. If the authorization is held by a Partnership/Limited Partnership, ALL partners must sign below.**

No	Name	Position/Title	Date (dd/mm/yyyy)	Signature
1.				

I confirm that I have authority to bind the authorization holder.

No	Name	Position/Title	Date (dd/mm/yyyy)	Signature
2.				

I confirm that I have authority to bind the authorization holder.

No	Name	Position/Title	Date (dd/mm/yyyy)	Signature
3.				

I confirm that I have authority to bind the authorization holder.

No	Name	Position/Title	Date (dd/mm/yyyy)	Signature
4.				_____

I confirm that I have authority to bind the authorization holder.

If more space is required, please attach an additional sheet with each individual's name, position/title, signature, date of signature and whether the individual has authority to bind the authorization holder.

Attachment(s)                      No attachment(s)

### Notification

The information you have submitted is collected pursuant to the *Cannabis Licence Act, 2018*. The principal purpose for which this information will be used is to determine eligibility for the transfer of an authorization issued pursuant to the *Cannabis Licence Act, 2018*. The Alcohol and Gaming Commission of Ontario is required under the *Freedom of Information and Protection of Privacy Act* to protect the confidentiality of such information in its possession and control and to use the information only for the purposes for which it is collected or for consistent purposes. The information may also be disclosed pursuant to the *Freedom of Information and Protection of Privacy Act*. For questions about the collection of this information, please contact Manager, Cannabis Eligibility at the Alcohol and Gaming Commission of Ontario, 90 Sheppard Avenue East, Suite 200, Toronto, Ontario M2N 0A4 / Telephone: 416-326-8700 or 1-800-522-2876 (toll free in Ontario) / Inquiries: [www.agco.ca/iAGCO](http://www.agco.ca/iAGCO).