

**BC CANNABIS WHOLESALE**



**LIQUOR  
DISTRIBUTION  
BRANCH**

3383 Gilmore Way  
Burnaby, BC V5G 4S1  
Tel: 604-252-8700

# BCLDB - Vendor Information Form

Vendor Questionnaire must be completed and returned to [cannabis.products@bcldb.com](mailto:cannabis.products@bcldb.com) to start the review process.

SECTION 1 – SUPPLIER INFORMATION					
*Please provide as much information as possible and ensure that the information provided is accurate					
PRIMARY CONTACT (for LDB correspondence)					
Full Name		Title			
Phone Number		E-Mail			
VENDOR LICENSE INFORMATION (Please check all that apply)					
Vendor License Type	Date License Received	Classes of cannabis the license holder is authorized to sell to provincially/territorially authorized distributors:			
<input type="checkbox"/> Cultivation		<input type="checkbox"/> Plants / Seeds			
<input type="checkbox"/> Micro-cultivation		<input type="checkbox"/> Dried / Fresh			
<input type="checkbox"/> Processing		<input type="checkbox"/> Extracts			
<input type="checkbox"/> Micro-processing		<input type="checkbox"/> Edible			
<input type="checkbox"/> Nursery		<input type="checkbox"/> Topical			
Health Canada Licensed Site Name (include d.b.a as applicable)					
Earliest delivery to BCLDB (y/m/d)					
Province(s) vendor is actively selling in (including date of launch)					
Are you currently selling any products via ACMPR (Access to Cannabis for Medical Purposes Regulations)					
Are you currently selling wholesale to other 3 <sup>rd</sup> parties? If yes, please confirm the license holder name(s)					
VENDOR FACILITY INFORMATION					
	Total (All Facilities)	Facility 1	Facility 2	Facility 3	Facility 4
Facility Name					
Facility Type (Indoor, Greenhouse, Outdoor, other)					
Street Address					

<b>City</b>					
<b>Province</b>					
<b>Postal Code</b>					
<b>FACILITY INFORMATION – SQUARE FOOTAGE</b>					
<b>2025</b>					
<b>2026</b>					
<b>2027</b>					
<b>FACILITY INFORMATION – PRODUCTION CAPACITY (kg/yr)</b>					
<b>2025</b>					
<b>2026</b>					
<b>2027</b>					
<b>SECTION 3 – PRODUCT INFORMATION</b>					
<b>PLANNED PRODUCT CATEGORIES</b>					
(Please check all product categories that you plan to bring to market within the next year)					
<input type="checkbox"/> Flower <input type="checkbox"/> Pre-Roll <input type="checkbox"/> Seeds					
<input type="checkbox"/> Inhalable Extracts	<input type="checkbox"/> Infused Pre-rolls <input type="checkbox"/> Cartridges <input type="checkbox"/> Disposable Vapes <input type="checkbox"/> Vape Kits <input type="checkbox"/> Shatter <input type="checkbox"/> Hash		<input type="checkbox"/> Resin & Rosin <input type="checkbox"/> Wax <input type="checkbox"/> Dry Sift <input type="checkbox"/> Other (please specify):		
<input type="checkbox"/> Ingestible Extracts	<input type="checkbox"/> Oils <input type="checkbox"/> Capsules		<input type="checkbox"/> Other (please specify):		
<input type="checkbox"/> Edibles	<input type="checkbox"/> Chews <input type="checkbox"/> Chocolate <input type="checkbox"/> Baked Goods <input type="checkbox"/> Hard Candy		<input type="checkbox"/> Other (please specify):		
<input type="checkbox"/> Beverages	<input type="checkbox"/> Beverages <input type="checkbox"/> Dry Tea & Coffee <input type="checkbox"/> Drink Mix		<input type="checkbox"/> Other (please specify):		
<input type="checkbox"/> Topicals	<input type="checkbox"/> Creams & Lotions <input type="checkbox"/> Bath Products <input type="checkbox"/> Balms <input type="checkbox"/> Massage oils & Lubricants		<input type="checkbox"/> Other (please specify):		
<b>COMPANY DETAILS</b>					
*Please provide as much information as possible and ensure that the information provided is accurate					
<b>Company / brand websites</b> <i>(link)</i>					
<b>Social Media Presence</b> <i>i.e. Facebook, Instagram account name – please include follower count</i>					
<b>Number of Employees</b> <i>(Head Office)</i>					
<b>Number of Employees</b> <i>(Production Facilities)</i>					

<b>Company History</b> <i>Please provide some background information and history regarding your company (founding story, points of differentiation, etc.)</i>		
<b>Carrier / Delivery Company to LDB's DC</b>		
<b>Marketing &amp; Sales strategy:</b> <i>Name of marketing agency, # of sales representatives marketing your products in BC</i>		
<b>Is the company currently under the protection or in the process of filing for protection of the Companies' Creditors Arrangement Act (CCAA)</b>	<input type="checkbox"/> Y / <input type="checkbox"/> N	<b>For internal LDB reference only:</b> CCAA registry check completed? <input type="checkbox"/> Y / <input type="checkbox"/> N
		Listed on CCAA registry? <input type="checkbox"/> Y / <input type="checkbox"/> N
		Date: Name:
<b>Is the company currently in bankruptcy proceedings, or in the process of filing for bankruptcy proceedings?</b>	<input type="checkbox"/> Y / <input type="checkbox"/> N	