

OPEN DELEGATION REQUEST

PLEASE PRINT		
SUBJECT: Regulation of Medical Marihuana Clubs and Dispensaries		
REFERENCE CO	MMITTEE: Communit	y Services Committee
PREFERRED DA	TE : June 1, 2016	ALTERNATE DATE: June 8, 2016
NAME: Ivan Ros	s Vrána	
EMAIL ADDRESS	3: ivan@aslanross.com	
STREET ADDRES	SS:	
С	ity	Postal Code
PHONE:	HOME:	BUSINESS: 613-222-7723 and 613-258-0050
FAX NO.:		E-MAIL ADDRESS: ivan@aslanross.com
NAME OF GROU		E-MAIL ADDRESS: ivan@aslanross.com NG REPRESENTED (if applicable), INCLUDING THE AND/OR PRESENT AT THE MEETING:
NAME OF GROU PERSON(S) WHO	WILL BE SPEAKING	NG REPRESENTED (if applicable), INCLUDING THE
NAME OF GROU PERSON(S) WHO Mr. Joseph Bidin	O WILL BE SPEAKING anot (Sunrise Medicinal	NG REPRESENTED (if applicable), INCLUDING THE AND/OR PRESENT AT THE MEETING:
NAME OF GROUPERSON(S) WHO Mr. Joseph Bidin BRIEF STATEME To disscuss the in	o WILL BE SPEAKING anot (Sunrise Medicinal INT OF PURPOSE OF Toportance of impleme	NG REPRESENTED (if applicable), INCLUDING THE AND/OR PRESENT AT THE MEETING: l) and Ivan Ross Vrána (Aslan Ross Consulting)
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City of Barrie, Legislative and Court Services Department 70 Collier Street, P.O. Box 400, Barrie, L4M 4T5 Tel: 705 739-4204 Fax: 739-4243 www.barrie.ca