

## **APPEAL FORM: LISTING PRODUCT WITH ONTARIO CANNABIS STORE**

Name:

Title:

Vendor Name:

Date:

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State decision you are appealing:

Rejection Letter Issuance Date:

Explain your grounds for Appeal:

Provide information for the item(s)  
you are appealing:

Please address listing Criteria questions in table below as it pertains to the feedback provided following Step 1 of the Appeal Process (i.e., initial engagement with the Category Manger):

Criteria	Description	Rationale
PRODUCT INNOVATION	<p>Does this product/brand have current market awareness?</p> <p>Is this product differentiated from items currently available on the Provincial Catalogue?</p> <p>Does this product have proven consumer appeal?</p> <p>How does this product align with the Assortment Needs bulletin?</p> <p>How does this product's packaging align with the Assortment Needs Bulletin?</p>	
EXECUTION / PERFORMANCE	<p>Provide an assessment of past sales performance?</p> <p>Provide as assessment for product Past recalls?</p> <p>Provide assessment of data management performance (call timelines, data change requests, collaboration)?</p> <p>Provide assessment of past ability to execute a Purchase order (fill-rate, on-time ship)?</p> <p>Provide assessment of capability to execute successful product launching, including delivering required supply?</p>	
COST / VALUE	<p>Does the cost allow this product to be price competitive with the legal and illegal markets?</p>	
MARKET SUPPORT	<p>Does this item have a support plan to drive awareness, demand, and retailer support?</p>	