

Application for a licence to cultivate and supply low-THC hemp

Hemp Industry Act 2008 (NSW)

Privacy Statement: The information provided as part of this application is being collected by the Secretary of the Department of Primary Industries and Regional Development (Department) for the purpose of administering and enforcing the provisions of the *Hemp Industry Act 2008* (the Act) and the *Hemp Industry Regulation 2016*.

The Secretary will use the information provided in this form:

- to determine whether the licence applicant and any close associates are of good repute having regard to character, honesty, or integrity
- for the purposes of determining any criminal record of the applicant and any close associates and
- for other purposes related to the administration and enforcement of the Act.

You do not have to provide the requested information. However, if you do not provide this information, the Secretary will not be able to issue a licence under the *Hemp Industry Act 2008*.

The Secretary may disclose any information provided as part of this application, or subsequently requested by the Secretary, to the NSW Police Force and other **relevant agencies** as defined in Section 37 (3) of the Act.

The information collected will only be used for the purpose for which it was provided. Unless otherwise identified in this statement, your personal information will not be disclosed without your consent unless it is required or authorised by law.

Statutory Declaration by the Applicant

I, (Name)

of (address).....

hereby declare that:

- a) the information provided by me in this application form is, to the best of my knowledge and belief, true and correct in every particular;
- b) I have read and understand the requirements and obligations of the *Hemp Industry Act 2008* and the *Hemp Industry Regulation 2008*;
- c) I understand that in order for a licence to be granted the Secretary must conduct a criminal record check in relation to me and I consent to such a criminal record check being conducted.
- d) I also understand that in order for a licence to be granted the Secretary must conduct a criminal record check in relation any person who, in the opinion of the Secretary, is a close associate of mine and I have obtained the consent of all close associates identified in this application form for all such criminal record checks to be conducted.
- e) I have read the information provided above under the heading Privacy Statement and understand that the information provided by me in this application form will be used for the purposes of determining my suitability to hold a licence under the *Hemp Industry Act 2008* and for other purposes associated with the administration and enforcement of that Act; and

I make this declaration in the knowledge that a person making a false declaration is liable to prosecution under the *Oaths Act 1900*.

Signed by declarant

At (location)on theday of.....(year).....

in the presence of (Justice of the Peace)

Part 1 - Applicant details

- Please refer to the *Guidelines to assist in preparing an application for a licence under the Hemp Industry Act 2008 (Guidelines)*
- Please provide 2 recent passport sized photographs and a photocopy of your driver's licence or other photo identification.

Full name			
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other:		
Date of Birth			
Driver's Licence Number		State	
Business Name			
ABN		ACN	
Role in Business			
Home address			
Postal address			
Email address			
Home telephone		Mobile	

Questions relating to your background

1.1	Have you ever been convicted of a drug related offence anywhere in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2	If you answered "Yes" to the previous question please provide details of this conviction	
1.3	Have you ever had a licence to cultivate low-THC hemp (or equivalent) refused, suspended or cancelled anywhere in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4	If you answered "Yes" to the previous question please provide details of this refusal, suspension or cancellation	

Part 2 - Close associate details

- Please check the *Guidelines* to determine if a person is a close associate within the meaning of the *Hemp Industry Act 2008*
- Please provide 2 recent passport sized photographs and a photocopy of the person's driver's licence or other photo identification.

Close Associate A

Full name			
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other:		
Date of Birth			
Driver's Licence Number		State	
Home address			
Postal address			
Email address			
Home telephone		Mobile	

Nature of Close Association with the applicant

Please describe the relevant financial interest, position or power, you (Close Associate A), hold or will hold, in relation to the business of the applicant

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Questions relating to your background

1.1	Have you ever been convicted of a drug related offence anywhere in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2	If you answered "Yes" to the previous question please provide details of this conviction	
1.3	Have you ever had a licence to cultivate low-THC hemp (or equivalent) refused, suspended or cancelled anywhere in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4	If you answered "Yes" to the previous question please provide details of this refusal, suspension or cancellation	

Declaration by Close Associate A

I declare that I am a close associate of the applicant and that the information provided in relation to myself, to the best of my knowledge, is true and correct in every particular.

Name			
Signature		Date	

Close Associate B

Full name			
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other:		
Date of Birth			
Driver's Licence Number		State	
Home address			
Postal address			
Email address			
Home telephone		Mobile	

Nature of Close Association with the applicant

Please describe the relevant financial interest, position or power, you (Close Associate B), hold or will hold, in relation to the business of the applicant

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Questions relating to your background

1.1	Have you ever been convicted of a drug related offence anywhere in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2	If you answered "Yes" to the previous question please provide details of this conviction	
1.3	Have you ever had a licence to cultivate low-THC hemp (or equivalent) refused, suspended or cancelled anywhere in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4	If you answered "Yes" to the previous question please provide details of this refusal, suspension or cancellation	

Declaration by Close Associate B

I declare that I am a close associate of the applicant and that the information provided in relation to myself, to the best of my knowledge, is true and correct in every particular.

Name			
Signature		Date	

Part 3 – Activity

<p>For what purpose is this licence required?</p> <p>Note: Please read the <i>Guidelines</i> for definitions of these activities</p>	<input type="checkbox"/> Cultivate low-THC hemp for: <p>Note: a licence can authorise both “cultivate” and “supply”</p>	<input type="checkbox"/> Commercial production ► Complete section 3.1 <input type="checkbox"/> Manufacturing process ► Complete section 3.2 <input type="checkbox"/> Scientific purposes – Research, instruction, analysis or study ► Complete section 3.3 <p>Note: a licence can authorise more than one activity</p>
	<input type="checkbox"/> Supply low-THC hemp for: <p>Note: “Supply” includes - sell and distribute. If you cultivate low-THC hemp, you may also want to sell it</p>	<input type="checkbox"/> Commercial production ► Complete section 3.4 <input type="checkbox"/> Manufacturing process ► Complete section 3.5 <input type="checkbox"/> Scientific purposes – Research, instruction, analysis or study ► Complete section 3.6

<p>What is the nature of the activities that you propose to carry out?</p>	<p>Cultivate low-THC hemp to produce:</p> <input type="checkbox"/> Fibre <input type="checkbox"/> Seed <input type="checkbox"/> Other
	<p>Supply:</p> <input type="checkbox"/> Fibre <input type="checkbox"/> Seed <input type="checkbox"/> Other

<p>Hemp products</p> <p>Please describe all the low-THC hemp material or products you (the applicant) intend to produce as part of your business</p>	<p>Note: The <i>Hemp Industry Act 2008</i> cannot authorize licences for the cultivation and supply of low-THC hemp for medicinal or therapeutic purposes.</p>
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<p>Destination of hemp</p> <p>Please state the intended destination of the low-THC hemp material (if known)</p>	<p>Note: If the destination of the low-THC hemp is not known, you will need to provide details of the final destination of your crop in your annual report.</p>
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3.1 Cultivate – for commercial production

Complete this section if you intend to cultivate low—THC hemp for commercial production

- Please check the *Guidelines* for the definition of this activity

Property details – location where the low-THC hemp will be cultivated

Property name										
Address										
Locality								Postcode		
Lot Number						DP No.				
PIC Property Identification Code	N									

a.	Do you (the applicant) own this property?	<input type="checkbox"/> Yes ► go to question c. <input type="checkbox"/> No ► please complete question b.
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b.	Name of owner										
	Address of owner										
		State						Postcode			
Note: You must also submit a signed consent form from the property owner with your application											

c.	Approximately how many hectares of low-THC hemp are likely to be cultivated Hectares
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d.	Attach a plan of the property in accordance with the <i>Guidelines</i> showing the areas where the low-THC hemp will be grown
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3.2 Cultivate – for a manufacturing process

Complete this section if you intend to cultivate low—THC hemp for the purpose of a manufacturing process

- Please check the *Guidelines* for the definition of this activity

Property details – location where the low-THC hemp will be cultivated

Property name											
Address											
Locality									Postcode		
Lot Number						DP No.					
PIC Property Identification Code	N										

a.	Do you (the applicant) own this property?	<input type="checkbox"/> Yes ► go to question c. <input type="checkbox"/> No ► please answer question b.
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b.	Name of owner										
	Address of owner										
		State								Postcode	
Note: You must also submit a signed consent form from the property owner with your application											

c.	Approximately how many hectares of low-THC hemp are likely to be cultivated Hectares
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d.	Attach a plan of the property in accordance with the <i>Guidelines</i> showing the areas where the low-THC hemp will be grown
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3.3 Cultivate – for scientific purposes

Complete this section if you intend to cultivate low-THC hemp for the purpose of scientific research, instruction, analysis or study

- Please check the *Guidelines* for the definition of this activity

Property details – location where the low-THC hemp will be cultivated

a.	Do you (the applicant) own this property?	<input type="checkbox"/> Yes ► go to question c. <input type="checkbox"/> No ► please answer question b.
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b.	Name of owner										
	Address of owner										
		State								Postcode	
Note: You must also submit a signed consent form from the property owner with your application											

c.	Approximately how many hectares of low-THC hemp are likely to be cultivated Hectares
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e.	Attach a comprehensive description of the research, instruction or analysis proposed, including the objectives, trial design and the proposed use, disposal and destruction of the hemp proposed to be cultivated.
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f.	Please provide details of your educational qualifications and other relevant qualifications and experience. Please also provide these details for all close associates who will be concerned in, or associated with, the cultivation of low-THC hemp under the licence.
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g.	Attach a plan of the property in accordance with the <i>Guidelines</i> showing the areas where the low-THC hemp will be grown
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3.4 Supply - for commercial production

Complete this section if you intend to supply low—THC hemp for commercial production

a.	Will you (the applicant) be supplying low-THC hemp which will be cultivated in relation to this application?	<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		
b.	Do you know the person and the location that you will be supplying the low-THC hemp to?	<input type="checkbox"/> Yes ► please answer question c.		
		<input type="checkbox"/> No ► you will need to provide this information in your annual report		
c.	Name of person to whom you will be supplying low-THC hemp			
	Business Name			
	Address			
	Email address			
	Telephone		Mobile	
d.	Will you be supplying low-THC hemp that was not cultivated by you?	<input type="checkbox"/> Yes ► provide details of the cultivator at e.		
		<input type="checkbox"/> No ► go to question f.		
e.	Name of cultivator			
	Address			
		State	Postcode	
	Licence number			
f.	Provide an estimate of the quantity of low-THC hemp to be supplied for commercial production annually			

3.5 Supply - for a manufacturing process

Complete this section if you intend to supply low-THC hemp for the purpose of a manufacturing process

a.	Will you (the applicant) be supplying low-THC hemp which will be cultivated in relation to this application?	<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		
b.	Do you know the details of the processor or manufacturer to whom you will be supplying the low-THC hemp to?	<input type="checkbox"/> Yes ► please answer question c.		
		<input type="checkbox"/> No ► you will need to provide this information in your annual report		
c.	Name of person to whom you will be supplying low-THC hemp			
	Business Name			
	Address			
	Email address			
	Telephone		Mobile	
d.	Will you be supplying low-THC hemp that was not cultivated by you?	<input type="checkbox"/> Yes ► provide details of the cultivator at e.		
		<input type="checkbox"/> No ► go to question f.		
e.	Name of cultivator			
	Address			
		State	Postcode	
	Licence number			
f.	Will you be processing any low-THC hemp material on site	<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		
g.	What manufacturing process will the low-THC hemp be subjected to?	<input type="checkbox"/> Fibre extraction		
		<input type="checkbox"/> Hemp seed oil extraction		
		<input type="checkbox"/> Other		
h.	Provide an estimate of the quantity of low-THC hemp to be supplied for commercial production annually			

3.6 Supply - for scientific purposes

Complete this section if you intend to supply low—THC hemp for the purpose of scientific research

a.	Will you (the applicant) be supplying low-THC hemp which will be cultivated in relation to this application?	<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		
b.	Do you know the details of the researcher to whom you will be supplying the low-THC hemp to?	<input type="checkbox"/> Yes ► please answer question c.		
		<input type="checkbox"/> No ► you will need to provide this information in your annual report		
c.	Name of person to whom you will be supplying low-THC hemp			
	Business Name			
	Address			
	Email address			
	Telephone		Mobile	
d.	Will you be supplying low-THC hemp that was not cultivated by you?	<input type="checkbox"/> Yes ► provide details of the cultivator at e.		
		<input type="checkbox"/> No ► go to question f.		
e.	Name of cultivator			
	Address			
		State	Postcode	
	Licence number			
f.	What research, analysis, instruction or study will the low-THC hemp be used for, if known?			
g.	Provide an estimate of the quantity of low-THC hemp to be supplied for commercial production annually			

Part 4 – Paying fees

If paying by cheque, please make payable to:

Department of Primary Industries and Regional Development – Hemp Licensing

If paying by credit card please provide the following details

Name As it appears on the card															
Type of card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Diners Club														
Number															
Expiry date (month/year)			/			CVC Last 3 digits on back of card									

Part 5 - Submitting the application

→ Mail

Department of Primary Industries and Regional Development
PO Box 232, TAREE NSW 2430

→ Email

bfs.admin@dpi.nsw.gov.au

Further assistance may be obtained by contacting the Department on 1800 680 244.

Privacy notice: Information collected will not be given to any other third party except where required by law. All information provided will be held by the Biosecurity Branch of the Department of Primary Industries and Regional Development and will be managed in accordance with provisions under the Privacy and Personal Information Protection Act 1998.

Office use only			
Entered by		Date	
Checked by		Date	

Part 6 - Applicant Checklist

Action	Attached Y/N
Statutory Declaration signed	
Copy of drivers licence and any close associates	
2 recent photographs of applicant and any close associates	
Name and personal details	
Contact details	
Criminal record declaration	
Close associates and contacts	
Close associate criminal record declaration and signature	
Purpose of license	
Nature of activities and intended use	
Completed section – Cultivation (3.1, 3.2 or 3.3) including;	
Premises/property	
Cultivated product	
research design/qualifications	
Farm map	
Complete section – Supply (3.4,3.5 or 3.6) including;	
Cultivation and supply	
Details of person supplying to you	
Details of the person, company, location supplying to	
Quantity supplied	
Processing/ manufacturing/research	
Fee payment attached	