

## Application for/renewal of a licence to cultivate alkaloid poppies (LCAP)

This licence applies to CULTIVATION only. For processing licences please complete the 'Application for/renewal of a licence to process alkaloid poppies (LPAP)' form.

- Please complete **ALL** relevant sections and write in **BLOCK LETTERS**.
- Please ensure you read **ALL** of the **EXPLANATORY NOTES**.

Every attempt has been made to either reference or accurately explain the intent of the terms, conditions, limitations or restrictions which apply to the licence and to provide options for the licence holder to comply with those conditions. It is the responsibility of the licence holder to ensure that they understand and comply with the legal conditions of their licence and the provisions of the *Poppy Industry Act 2016* (the Act).

Information supplied by the applicant will be treated in strict confidence and held in the Department of Primary Industries (DPI) Alkaloid Poppy Register, which can only be accessed by authorised DPI personnel.

**Please note:**

- Complete one application form per licence type (refer to point 2).
- DPI has 60 days from receipt to complete the processing of an application (disregarding any period when DPI are waiting on further information or evidence from the applicant or a response from NSW Police). Within this period, NSW Police has to assess the application and to report their support of or opposition to the application to DPI.
- The term of a cultivation licence is **3 years**. A licence holder must apply for a renewal of their licence at least **three months** prior to expiry.

1. Applicant details (see explanatory note 1)						
If you currently hold/have held an LCAP, state the licence number						
If you already hold/have a valid contract with a processor, state the contract number						
Complete <u>one</u> of the following sections. Type of applicant is dependent on who is to hold the licence.						
Application by a natural person (see explanatory note 1)						
Applicant name						
Date of birth		Day		Month		Year
Residential address						
Town/suburb			State		Postcode	
Telephone			Fax			
Mobile			Email			
Postal address						
Town/suburb			State		Postcode	
Application by a legal entity (e.g. company, incorporated association), partnership or trust (see explanatory note 1)						
Name of legal entity, partnership or trust (applicant)				ACN/ABN		
Business name (i.e. trading as)						
Contact name			Telephone			
Business street address						
Town/suburb			State		Postcode	
Telephone			Fax			

Mobile		Email	
Postal address			
Town/suburb		State	Postcode
<b>Primary contact</b>			
Is the primary contact different from above? (see explanatory note 1)	<input type="checkbox"/> Yes (if YES, complete below) <input type="checkbox"/> No (if NO, proceed to Section 2)		
Primary contact name			
Date of birth	Day	Month	Year
Postal address			
Town/suburb		State	Postcode
Telephone (business hours)		Fax	
Mobile		Email	
<b>2. Application for a LCAP</b> (see explanatory note 2)			
I wish to apply for a LCAP to allow: (tick as appropriate)	<input type="checkbox"/> Cultivation for therapeutic use <input type="checkbox"/> Cultivation for non-therapeutic use (research)		
Processing company/s to which cultivation will be linked	<input type="checkbox"/> GlaxoSmithKline <input type="checkbox"/> Tasmanian Alkaloids <input type="checkbox"/> Palla Pharma Limited		
<b>For non-therapeutic (research) licences <u>only</u></b>			
Evidence that research activities are to be conducted by a person with appropriate scientific training using appropriate methodology is attached	<input type="checkbox"/> Yes		
<b>3. Details of cultivation site to which licence applies</b>			
Copy and attach this page for additional properties (if required). <b>Growers must contact DPI each year, prior to sowing, to notify of changes to the location of the crop.</b>			
Roadside address of the property for which this application is proposed (cultivation site)			
If known, GPS coordinates at main gate	Latitude:	Longitude:	
Local council			
Name of parish (per rates notice)		Lot number (per rates notice) *	
Crown allotment number		Volume and folio number	
Paddock reference name			
Total size of property (in hectares)		Total area to be cultivated (in hectares)	
A clear map is attached showing the area #	<input type="checkbox"/> Yes		

# **Map should include** – number of hectares; location of growing area(s) for each property; boundaries of the applicant's property; and any of the following within one kilometre of the property: public roads, residences, public land, places of business, neighbouring livestock and other public amenities (e.g. schools, hospitals, aged care services, child care centres, drug rehabilitation centre), and any other area the applicant believes may be relevant.



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A completed proposed risk management plan is attached	<input type="checkbox"/> Yes
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**4. Credit history** (see explanatory note 3)

DPI is required to ensure the applicant has a sound and stable financial background.

A credit history report is included with the application	<input type="checkbox"/>	Yes
Is the applicant a recipient of any government pension or benefit?	<input type="checkbox"/> <input type="checkbox"/>	Yes
		No
If Yes, please list below and attach details of any government pension or benefit e.g. Health Care, Newstart allowance, Centrelink pension, DVA service pension etc).		

**5. Close associate details** (see explanatory note 4)

Copy and attach this page for additional close associates (if required).

a) Associate name		Date of birth	/ /
Residential address		Association	
b) Associate name		Date of birth	/ /
Residential address		Association	
c) Associate name		Date of birth	/ /
Residential address		Association	
d) Associate name		Date of birth	/ /
Residential address		Association	
e) Associate name		Date of birth	/ /
Residential address		Association	
f) Associate name		Date of birth	/ /
Residential address		Association	
g) Associate name		Date of birth	/ /
Residential address		Association	

<b>6. Employee details</b> (see explanatory note 5)			
Copy and attach this page for additional employees (if required). A recent police record check (no older than 12 months) must be submitted to DPI for each employee. Businesses are responsible for ensuring that they do not employ disqualified persons.			
a) Employee name		Date of birth	/ /
Residential address		Position	
b) Employee name		Date of birth	/ /
Residential address		Position	
c) Employee name		Date of birth	/ /
Residential address		Position	
d) Employee name		Date of birth	/ /
Residential address		Position	
e) Employee name		Date of birth	/ /
Residential address		Position	
f) Employee name		Date of birth	/ /
Residential address		Position	
g) Employee name		Date of birth	/ /
Residential address		Position	
h) Employee name		Date of birth	/ /
Residential address		Position	
h) Employee name		Date of birth	/ /
Residential address		Position	
j) Employee name		Date of birth	/ /



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Residential address		Position	
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**7. Declaration** (see explanatory note 6)

Complete one of the following declarations. The type of declaration is dependent on type of applicant for the licence.

**Declaration by a natural person completing application**

I, (full name) \_\_\_\_\_

of (address) \_\_\_\_\_

(occupation) \_\_\_\_\_,

do solemnly and sincerely declare that:

- (a) the information I have supplied in the application is, to the best of my knowledge and belief, true and correct in every particular.
- (b) I acknowledge that this declaration is true and correct, and I make it with the understanding that under Part 5A of the *Crimes Act 1900*, knowingly giving false or misleading information is a serious offence, and under Section 35 of the *Poppy Industry Act 2016*, any person who provides information that the person knows to be false or misleading is guilty of an offence, for which they may be subject to prosecution.

Declared at (location) \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of person making this declaration \_\_\_\_\_  
(to be signed in front of an authorised witness)

Signature of authorised witness \_\_\_\_\_

The authorised witness must print or stamp his or her name, address and title. An authorised witness is a Justice of the Peace, Police Officer, Australian Lawyer, or Court Registrar.

**Declaration on behalf of an incorporated body completing application**

(Continued overleaf)

**Declaration on behalf of an incorporated body, partnership<sup>†</sup> or trust<sup>‡</sup> completing application**

I, (full name) \_\_\_\_\_

of (address) \_\_\_\_\_

Position \_\_\_\_\_,  
(Director/Secretary/Partner/Trustee)

do solemnly and sincerely declare that:

- (a) the information contained in this application is, to the best of my knowledge and belief, true and correct in every particular.
- (b) I acknowledge that this declaration is true and correct, and I make it with the understanding that under Part 5A of the *Crimes Act 1900*, knowingly giving false or misleading information is a serious offence, and under Section 35 of the *Poppy Industry Act 2016*, any person who provides information that the person knows to be false or misleading is guilty of an offence, for which they may be subject to prosecution.

Declared at (location) \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of person making this declaration \_\_\_\_\_  
(to be signed in front of an authorised witness)

Signature of authorised witness \_\_\_\_\_

The authorised witness must print or stamp his or her name, address and title. An authorised witness is a Justice of the Peace, Police Officer, Australian Lawyer, or Court Registrar.

**If you have any enquires in completing this form please contact the Licensing and Accreditation Services on 1300 552 406 or email [poppies@dpi.nsw.gov.au](mailto:poppies@dpi.nsw.gov.au). For more information on alkaloid poppies visit the DPI website at [www.dpi.nsw.gov.au](http://www.dpi.nsw.gov.au).**

<sup>†</sup> If the application is in the name of a partnership, then all partners must sign the declaration in the presence of an authorised witness. Copy and attach this page for additional partners (if required).

<sup>‡</sup> If the application is in the name of a trust, then the trustee must sign the declaration in the presence of an authorised witness on behalf of the trust. If there is more than one trustee then all trustees must sign the declaration in the presence of an authorised witness. Copy and attach this page for additional trustees (if required).





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8. Payment of application fee	
The application fee for a licence to cultivate alkaloid poppies as at 1 January 2016 is \$900.00 (inc. GST). This value will change annually on 1 July.	
Please select and make a payment by one of the following means:	
<input type="checkbox"/> CHEQUE <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> EFT	
Send your completed application form and payment to:	
<b>Licensing enquiries &amp; invoicing</b> PO Box 232 Taree NSW 2430 Australia 1 Macquarie St, Taree NSW 2430 Australia Tel +61 (02) 6552 3000 Fax +61 (02) 6552 7239	
<b>Privacy statement:</b> Information from this form is collected for the purpose of assessing your application and the supply of this information is required by law. Your details will be stored and used by DPI for the purposes of administering the <i>Poppy Industry Act 2016</i> . Information will be stored and managed in accordance with provisions under the <i>Privacy and Personal Information Protection Act 1998</i> . It will not be used for any other purpose and will not be given to any other third party except where required by law. You may access or correct your personal information by contacting DPI.	

## Attachment checklist

	Y/N	N/A
Complete current company ASIC extract (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Company letter authorising applicant to make application on behalf of company (if not owner or director) (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of registration of business name (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Research – evidence of appropriate scientific training and methodology (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Recent national police record check for applicant (no older than 12 months)	<input type="checkbox"/>	<input type="checkbox"/>
Recent national police record check for all associates (no older than 12 months)	<input type="checkbox"/>	<input type="checkbox"/>
Map of growing area	<input type="checkbox"/>	<input type="checkbox"/>
Completed proposed risk management plan	<input type="checkbox"/>	<input type="checkbox"/>
Credit history report	<input type="checkbox"/>	<input type="checkbox"/>
Details of any government pension or benefit (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Cheque / money order for payment	<input type="checkbox"/>	<input type="checkbox"/>



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## Explanatory notes for the application for/renewal of a licence to cultivate alkaloid poppies in NSW

### 1. Applicant name

A licence can be held either by an individual, an incorporated body (e.g. a company, an incorporated association), or a partnership or a trust.

If the licence is to be held by a legal entity then the full name of the company along with the ACN or ABN is required and a current company extract from the Australian Securities & Investments Commission (where relevant) needs to be attached to the application.

If the licence is to be held by an individual (natural person) then the applicant's full name and date of birth must be provided.

If the licence is to be held by a partnership then the details of all the partners need to be included on the associate list and their position listed as 'partner'.

If the licence is to be held by a trust then the trustee (or trustees) and beneficiaries of that trust need to be included on the associate list and their position listed as 'trustee' or 'beneficiary' as appropriate.

#### 1.1 Non-therapeutic (research) licences

For licences to grow poppies for research purposes (non-therapeutic use), the person or business (legal entity) who is responsible for the management of the research project is the applicant. For example, if the land owner is only providing the land for cultivation research trials, then the land owner should be listed as an employee for the purposes of that research licence.

#### 1.2 Primary contact

If the applicant is not the most appropriate person to speak to in regards to the details of the application, please include contact details for the person who will be DPI's primary contact.

### 2. Species of alkaloid poppies that can be grown in NSW

Restrictions apply to the type of alkaloid poppy that be grown under licence in NSW.

- *Papaver somniferum*, or
- *Papaver bracteatum*, or
- A plant that is a hybrid of a plant of either of those species.

### 3. Requirements for credit history

If the licence is to be held by a legal entity then the credit history needs to be supplied for the company.

If the licence is to be held by an individual then the credit history needs to be supplied for the individual.

If the licence is to be held by a partnership then a credit history needs to be supplied for each partner.

If the licence is to be held by a trust then a credit history needs to be supplied for each trustee.

### 4. Close associates

To assess if the licence applicant is fit and proper to hold a licence, close associates of the applicant also need to be assessed. Please list the full name, residential address and date of birth of all close associates, following the guidelines under section 4.1.

If the application fails to include the name of someone who is an associate of the legal entity, partnership or trust, the licence application may be delayed or rejected.

If you are uncertain whether someone is an associate please contact Customer Service Centre on **1300 552 406** or email [poppies@dpi.nsw.gov.au](mailto:poppies@dpi.nsw.gov.au).

#### 4.1 Meaning of close associate (Part 1, Section 5(4) of the Act)

For the purposes of this section, 2 persons are close associates if:

- (a) one is a spouse, de facto partner, parent, child, brother or sister of the other, or
- (b) they live in the same household, or
- (c) they are in partnership, or
- (d) they are related bodies corporate (within the meaning of the Corporations Act 2001 of the Commonwealth), or
- (e) one is a corporation and the other is a director, manager, secretary or public officer of the corporation, or
- (f) one is a corporation (other than a public company whose shares are listed on a stock exchange) and the other is a shareholder in the corporation, or
- (g) one is a trustee of a trust and the other is a beneficiary of the trust or, in the case of a discretionary trust, an object of the trust, or
- (h) one has a right to participate, or participates, (otherwise than as a shareholder in a corporation) in income or profits derived from a business conducted by the other, or
- (i) one is in a position to exercise, or exercises, control or significant influence over the conduct of the other.

## 5. Employees

Any person who may need to access the cultivation area without escort from a designated person is required to be listed as an employee of the business. This may include external spray or harvesting contractors, workers, or agronomists.

Listing a person as a close associate does not automatically mean they are an employee. If a close associate requires access to the cultivation area without escort from a designated person, they must be listed as an employee as well as a close associate.

DPI requires police record checks (no older than 12 months) to be submitted for employees.

The proposed risk management plan must describe steps to prevent the licence holder from employing a person.

### 5.1 Meaning of employee

**employee**, in relation to a licensed grower or a licensed processor, includes a person who is—

- (a) employed under a contract of employment;
- or
- (b) employed under a contract of training;
- or
- (c) engaged under any other contract to perform a specified task authorised under a poppy cultivation licence or a poppy processing licence.

### 5.2 Meaning of disqualified person

**disqualified person**, is a person who must not be employed or engaged in activities under a poppy licence unless—

- (a) the person has attained the age of 17 years or, if the person has not attained that age, the person is an apprentice or trainee within the meaning of the *Apprenticeship and Traineeship Act 2011*, and
- (b) the person is not, and has not been within the last 5 years, an insolvent under administration within the meaning of the *Corporations Act 2001* of the Commonwealth, and
- (c) the person has provided to the holder of the licence or permit at least 1 satisfactory character reference to the licence or permit holder, and
- (d) a criminal record check of the person has been conducted within the last 12 months, and
- (e) the person has not, within the last 5 years, been convicted of any of the following offences:
  - (i) an offence against the *Narcotic Drugs Act 1967* of the Commonwealth or regulations under that Act,
  - (ii) an offence against the *Drug Misuse and Trafficking Act 1985* or regulations under that Act or a corresponding law of another jurisdiction,
  - (iii) an offence, whether committed under the law of NSW or the law of another jurisdiction, involving theft,

- (iv) an offence, whether committed under the law of NSW or the law of another jurisdiction, that would, if committed in NSW, be punishable under a law of NSW by imprisonment for 3 months or more.

## 6. Declaration

### 6.1 Made by a natural person

The persons who can witness the signing of the declaration are a Justice of the Peace, Police Officer, Australian Lawyer, or a Court Registrar.

### 6.2 Made by a trust

The declaration made on behalf of a trust must be signed by the trustee (or trustees) in the presence of an authorised witness.

### 6.3 Made by a partnership

The declaration made on behalf of a partnership must be signed by all partners in the presence of an authorised witness.

### 6.4 Made on behalf of an incorporated body

The declaration made on behalf of an incorporated body must be signed by a current officer of the incorporated body.

**Office use only: NSW Police use only**

**9. NSW Police approval**

I, (print full name) \_\_\_\_\_

of

(Police branch & location) \_\_\_\_\_

\_\_\_\_\_

have completed enquiries into this application.

Signed: \_\_\_\_\_

On the:            /            /

Application supported for  
cultivation of alkaloid poppies

Application opposed for  
cultivation of alkaloid poppies

Comments (if applicable):

**Office use only: DPI use only**

**10. Authorised DPI inspector approval**

I, (print full name) \_\_\_\_\_

of

(DPI office) \_\_\_\_\_

\_\_\_\_\_

have completed the assessment of the application and the  
premises for the cultivation of alkaloid poppies.

Signed: \_\_\_\_\_

On the:            /            /

Application supported for  
cultivation of alkaloid poppies

Application opposed for  
cultivation of alkaloid poppies

Comments (if applicable):