|  |
| --- |
| **Privacy Statement:** The information provided as part of this application is being collected by the Secretary of the Department of Industry 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.  The information collected will be held at the Department of Primary Industries Head Office, 2 Kite Street Orange, NSW 2800 Phone; 02 6391 3100 email; hemp.licensing@industry.nsw.gov.au and you can access or correct that information at any time during normal business hours. |
| Statutory Declaration by the Applicant |
| I, (*Name*) ………………………………………………………………………………………………………………….  of (address)………………………………………………………………………………………………………………. |
| hereby declare that:   1. the information provided by me in this application form is, to the best of my knowledge and belief, true and correct in every particular; 2. I have read and understand the requirements and obligations of the *Hemp Industry Act 2008* and the *Hemp Industry Regulation 2008*; 3. 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. 4. 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. 5. 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 the ……………………day of……………………….(year)…………….  in the presence of (Justice of the Peace) ………………………………………………………………… |

# Type of Application

|  |  |
| --- | --- |
| **New application** |  |

|  |  |  |
| --- | --- | --- |
| **Licence renewal application** |  | Licence Number |

**Note:** To be considered for licence renewal, a licence renewal application must be received by NSW DPI at least 28 days before the current licence is due to expire.

# Part 1 - Applicant details

* Please refer to the *Guidelines for the Preparation of Applications under the Hemp Industry Act 2008* (NSW). The Guidelines will help you complete this application form.
* Please provide 2 recent passport sized photographs and a photocopy of your driver’s licence or other photo identification

|  |  |  |  |
| --- | --- | --- | --- |
| Full name |  | | |
| Salutation | Mr  Mrs  Ms  Miss  Dr  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? | Yes  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? | Yes  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*

**Close Associate A**

* Please provide 2 recent passport sized photographs and a photocopy of your driver’s licence or other photo identification.

|  |  |  |  |
| --- | --- | --- | --- |
| Full name |  | | |
| Salutation | Mr  Mrs  Ms  Miss  Dr  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

|  |
| --- |
|  |

**Questions relating to your background**

|  |  |  |
| --- | --- | --- |
| 1.1 | Have you ever been convicted of a drug related offence anywhere in Australia? | Yes  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? | Yes  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**

* Please provide 2 recent passport sized photographs and a photocopy of your driver’s licence or other photo identification.

|  |  |  |  |
| --- | --- | --- | --- |
| Full name |  | | |
| Salutation | Mr  Mrs  Ms  Miss  Dr  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

|  |
| --- |
|  |

**Questions relating to your background**

|  |  |  |
| --- | --- | --- |
| 1.1 | Have you ever been convicted of a drug related offence anywhere in Australia? | Yes  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? | Yes  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

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

|  |  |
| --- | --- |
| What is the nature of the activities that you propose to carry out? | Cultivate low-THC hemp to produce:  Fibre  Seed  Other …………………………………………………………………….. |
| Supply:  Fibre  Seed  Other …………………………………………………………………….. |

|  |  |
| --- | --- |
| Hemp products Please describe all the low-THC hemp material or products you (the applicant) intend to produce as part of your business | Note: The *Hemp Industry Act 2008* cannot authorize licences for the cultivation and supply of low-THC hemp for medicinal or therapeutic purposes. |

|  |  |
| --- | --- |
| Destination of hemp Please state the intended destination of the low-THC hemp material (if known) | 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. |

|  |  |
| --- | --- |
| **Licence duration request**  Maximum 5 years | 1  2  3  4  5 (years) |

# 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? | Yes ► go to question c.  No ► please complete question b. |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

|  |  |
| --- | --- |
| d. | Attach a plan of the property in accordance with the *Guidelines* showing the areas where the low-THC hemp will be grown |

# 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? | Yes ► go to question c.  No ► please answer question b. |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

|  |  |
| --- | --- |
| d. | Attach a plan of the property in accordance with the *Guidelines* showing the areas where the low-THC hemp will be grown |

# 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

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

|  |  |  |
| --- | --- | --- |
| a. | Do you (the applicant) own this property? | Yes ► go to question c.  No ► please answer question b. |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| g. | Attach a plan of the property in accordance with the *Guidelines* showing the areas where the low-THC hemp will be grown |

# 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? | Yes  No |

|  |  |  |
| --- | --- | --- |
| b. | Do you know the person and the location that you will be supplying the low-THC hemp to? | Yes ► please answer question c.  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? | Yes ► provide details of the cultivator at e.  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? | Yes  No |

|  |  |  |
| --- | --- | --- |
| b. | Do you know the details of the processor or manufacturer to whom you will be supplying the low-THC hemp to? | Yes ► please answer question c.  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? | Yes ► provide details of the cultivator at e.  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 | Yes  No |

|  |  |  |
| --- | --- | --- |
| g. | What manufacturing process will the low-THC hemp be subjected to? | Fibre extraction  Hemp seed oil extraction  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? | Yes  No |

|  |  |  |
| --- | --- | --- |
| b. | Do you know the details of the researcher to whom you will be supplying the low-THC hemp to? | Yes ► please answer question c.  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? | Yes ► provide details of the cultivator at e.  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:**

*NSW Department of Primary Industries – Hemp Licensing*

# If paying by credit card please provide the following details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name As it appears on the card |  | | | | | | | | | | | | | | | |
| Type of card | Visa  MasterCard  American Express  Diners Club | | | | | | | | | | | | | | | |
| Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Expiry date (month/year) |  |  | / |  |  | CVC Last 3 digits on back of card | | | | | | | |  |  |  |

# Part 5 - Submitting the application

* Mail – hard copy

NSW Department of Primary Industries

PO Box 232

TAREE NSW 2430

OR

* email

bfs.admin@dpi.nsw.gov.au

Further assistance may be obtained by contacting NSW Department of Primary Industries on

02 6552 3000

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 NSW Department of Primary Industries 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 |  |