



Application for a Licence under the Hemp Industry Act 2008 (NSW)

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.

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

The Director-General 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 Director-General will not be able to issue a licence under the Hemp Industry Act 2008.

The Director-General may disclose any information provided as part of this application, or subsequently requested by the Director-General, 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.

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 Director-General 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 Director-General must conduct a criminal record check in relation any person who, in the opinion of the Director-General, 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

At (location) on the day of

(year) in the presence of (Justice of the Peace)

Part 1 - Applicant Details

Please refer to the *Guidelines for the Preparation of Applications under the NSW Hemp Industry Act 2008*. The Guidelines will help you complete this application form.

Please provide 2 recent passport size photographs and a photocopy of your drivers licence or other photo identification

Full Name of Applicant:		
Date of Birth:		
Drivers Licence Number:		Issued in (State):
Business Name – If different to the applicant name		ABN Number: ACN Number:
Please describe your role within this business: (e.g. Owner, Director, Manager...)		

Residential Address:	Postal Address:
City: State Postcode:	City: State Postcode:
Telephone:	Telephone:
Fax:	Fax:
Mobile:	Mobile:
e-Mail:	e-Mail:

1.1 Have you ever been convicted of a drug related offence anywhere in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ Go to 1.3
1.2 Please provide details of this conviction including the nature and outcome of the conviction Please attach more detailed information and supporting documentation where applicable.	<hr/> <hr/> <hr/> <hr/>
1.3 Have you ever been refused a licence or had a licence related to low THC hemp suspended or cancelled in NSW or in another Australian jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4 Please provide details of the refusal, suspension or cancellation	<hr/> <hr/> <hr/> <hr/>

PART 2

- Provide details of any **Close Associates** who are likely to be concerned in, or associated with, the cultivation or supply of low-THC hemp under the licence.
- Please refer to Part 2 in *Guidelines for the Preparation of Applications under the NSW Hemp Industry Act 2008* to determine whether there are close associates relevant to this application and for advice on completing this section.
- If you need to nominate more than 2 Close Associates – Photocopy this page and attach to the application form

Close Associate A

Please provide 2 recent passport size photographs and a photocopy of your drivers licence or other photo identification

Full Name:		
Date of Birth:		
Drivers Licence Number:		Issued in (State):
Describe the relevant position, power or financial interest this Close Associate has with this application:		

Residential Address:	Postal Address:
City: State Postcode:	City: State Postcode:
Telephone:	Telephone:
Fax:	Fax:
Mobile:	Mobile:
e-Mail:	e-Mail:

A.1 Have you ever been convicted of a drug related offence anywhere in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ Go to A.3
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A.2 Please provide details of this conviction including the nature and outcome of the conviction?	
Please attach more detailed information and supporting documentation where applicable	

A.3 Have you ever been refused a licence or had a licence related to low THC hemp suspended or cancelled in NSW or in another Australian jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ Please sign document
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A.4 Please provide details of any refusal, suspension or cancellation	

I, (Name).....verify that I am a Close Associate with respect to this application and that the information provided above is, to the best of my knowledge and belief, true and correct in every particular.

Signature..... Date:.....

Close Associate B

Please provide 2 recent passport size photographs and a photocopy of your drivers licence or other photo identification

Full Name:

Date of Birth:

Drivers Licence Number:

Please attach a photocopy of you drivers licence

Issued in (State):

Describe the relevant position, power or financial interest this Close Associate has with this application:

Residential Address:

Postal Address:

City: State Postcode:

City: State Postcode:

Telephone:

Telephone:

Fax:

Fax:

Mobile:

Mobile:

e-Mail:

e-Mail:

A.1 Have you ever been convicted of a drug related offence anywhere in Australia?

 Yes No ⇒ Go to A.3

A.2 Please provide details of this conviction including the nature and outcome of the conviction?

Please attach more detailed information and supporting documentation where applicable

A.3 Have you ever been refused a licence or had a licence related to low THC hemp suspended or cancelled in NSW or in another Australian jurisdiction?

 Yes No ⇒ Please sign document

A.4 Please provide details of any refusal, suspension or cancellation

I, (Name).....verify that I am a Close Associate with respect to this application and that the information provided above is, to the best of my knowledge and belief, true and correct in every particular.

Signature..... Date:.....

Part 3 - Activity

Please refer to section Part 3 *Guidelines for the Preparation of Applications under the Hemp Industry Act 2008* (NSW) for advice on completing this section.

<p>a. What is the purpose of this licence? Please note that a licence can authorise more than one activity on the same property.</p>	<input type="checkbox"/> Cultivate low THC hemp for:	<input type="checkbox"/> Commercial production – Complete 3.1 <input type="checkbox"/> Manufacturing process – Complete 3.2 <input type="checkbox"/> Scientific purposes – Research, instruction, analysis or study – Complete 3.3
	<input type="checkbox"/> Supply low THC hemp for:	<input type="checkbox"/> Commercial production – Complete 3.4 <input type="checkbox"/> Manufacturing process – Complete 3.5 <input type="checkbox"/> Scientific purposes - Research, instruction analysis or study – Complete 3.6
<p>b. What is the nature of proposed activities to be undertaken?</p>	Cultivate <input type="checkbox"/> Fibre <input type="checkbox"/> Seed <input type="checkbox"/> Other (please describe)	
	Supply <input type="checkbox"/> Fibre <input type="checkbox"/> Seed <input type="checkbox"/> Other (please describe)	
	(Empty space for description)	
<p>c. Please describe the intended use or destination of low THC Hemp material (If known)</p>	<input type="checkbox"/> stalks (fibre) for commercial sale - processing/manufacturing	
	<input type="checkbox"/> stalks (fibre)for on farm processing	
	<input type="checkbox"/> seed for sale - processing	
	<input type="checkbox"/> seed for sale – sowing or on farm use	
<input type="checkbox"/> other (please describe)		(Empty space for description)
(Empty space for description)		(Empty space for description)
(Empty space for description)		(Empty space for description)
<p>d. Indicate the preferred duration of the licence. A licence is generally issued for a maximum of 5 years. If a shorter duration is preferred, please indicate in the space provided.</p>		Duration of Licence years

3.1 Cultivation - Commercial Production

Complete this section if you intend to cultivate low-THC hemp for the purpose of commercial production.

a. Provide a description of the location of the property on which the low-THC hemp is to be cultivated	Property Name:
	Address:
	City: State Postcode:
	Lot No. DP No.
b. Do you have a Property Identification Code issued by your Rural Lands Protection Board?	<input type="checkbox"/> Yes PIC No.: <input type="checkbox"/> No
c. Do you (the Applicant) own this property? If you are not the owner of the property you will need to provide evidence that the owner consents to the use of this property for the cultivation of low-THC hemp. <i>Please refer to Appendix 1 in Guidelines for the preparation of Applications under the NSW Hemp Industry Act 2008.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No – Please provide the following details:
	Name of Owner:
	Address of Owner:
	City: State: Postcode
d. Approximately how many hectares of low-THC hemp are likely to be cultivated on the property under this application?Hectares
e. Attach a plan of the property showing those areas where low-THC hemp is likely to be cultivated or stored. Please refer to section 3.1(f) in <i>Guidelines for the Preparation of Applications under the Hemp Industry Act 2008 (NSW)</i> for advice on what is required in a property plan.	

3.2 Cultivation – Manufacturing Process

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

f. Provide a description of the location of the property on which the low-THC hemp is to be cultivated	Property Name:
	Address:
	City: State Postcode:
	Lot No. DP No.
g. Do you have a Property Identification Code issued by your Rural Lands Protection Board?	<input type="checkbox"/> Yes PIC No.:
	<input type="checkbox"/> No
h. Do you (the Applicant) own this property? If you are not the owner of the property you will need to provide evidence that the owner consents to the use of this property for the cultivation of low-THC hemp. <i>Please refer to Appendix 1 in Guidelines for the preparation of Applications under the NSW Hemp Industry Act 2008.</i>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No – Please provide the following details:
	Name of Owner:
	Address of Owner:
	City: State: Postcode
i. Approximately how many hectares of low-THC hemp are likely to be cultivated on the property under this application?Hectares
j. Please provide a description of processes the low THC hemp will be subjected (if known)	
k. Attach a plan of the property showing those areas where low-THC hemp is likely to be cultivated or stored. <i>Please refer to section 3.1(f) in Guidelines for the Preparation of Applications under the Hemp Industry Act 2008 (NSW) for advice on what is required in a property plan.</i>	

3.3 Cultivation – Scientific Purposes

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

a. Provide a description of the location of the property on which the low-THC hemp is to be cultivated	Property Name:
	Address:
	City: State Postcode:
	Lot No. DP No.
b. 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.	
c. 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.	
d. Do you (the Applicant) own the property or facility on which the proposed cultivation will take place? If you do not own this property you will also need to provide evidence that the owner consents to the use of this property for the cultivation of low-THC hemp. <i>Please refer to Appendix 1 in Guidelines for the preparation of Applications under the Hemp Industry Act 2008.</i>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No – Please provide the following details:
	Name of Owner:
	Address of Owner:
	City: State: Postcode
e. Approximately how many hectares of low-THC hemp are likely to be cultivated on the property under this application?Hectares
f. Attach a plan of the property or facility showing those areas where low-THC hemp is likely to be cultivated or stored. Please refer to section 3.1(f) in <i>Guidelines for the Preparation of Applications under the Hemp Industry Act 2008 (NSW)</i> for advice on what is required in a property plan.	

3.4 Supply –Commercial production

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

a. Are you supplying low-THC hemp which will be cultivated under the terms of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No ⇒Go to c.
b. Do you know at this stage the location of the property and responsible person that will be supplying low-THC hemp to?	d. <input type="checkbox"/> Yes ⇒Go to <input type="checkbox"/> No – you will need to provide details of the final destination of your crop in your annual report.
c. Are you supplying any low-THC hemp which was not cultivated by you?	<input type="checkbox"/> Yes – (Provide details below) <input type="checkbox"/> No
	Name
	Address
	Licence number:
d. Provide a description of the location of the property and the name of the responsible person that is to be used for the proposed. (if Known)	Responsible Person:
	Business Name:
	Address:
	City: State Postcode:
	Phone: Fax:
	Mobile: e-Mail:
e. Provide an estimate of the quantity of low-THC hemp to be supplied for commercial production on an annual basis.	Estimates may need to be amended when annual report of activity is submitted:

3.5 Supply – For use in manufacturing process

Complete this section if you intend to supply low-THC hemp for use in a manufacturing process.

<p>a. Are you supplying low-THC hemp which will be cultivated under the terms of this application?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No ⇒Go to c.</p>
<p>b. Do you know at this stage the details of the manufacturer or processor to whom you will be supplying low-THC hemp</p>	<p><input type="checkbox"/> Yes ⇒Go to d. <input type="checkbox"/> No – you will need to provide details of the final destination of your crop in your annual report.</p>
<p>c. Are you supplying any low-THC hemp for processing which was not cultivated by you?</p>	<p><input type="checkbox"/> Yes – (Provide details below) <input type="checkbox"/> No</p>
	<p>Name</p>
	<p>Address</p>
<p>d. Provide details of the processor or manufacturer to whom you intend to supply low-THC hemp.</p>	<p>Responsible Person:</p>
	<p>Business Name:</p>
	<p>Address:</p>
	<p>City: State Postcode:</p>
	<p>Phone: Fax:</p>
	<p>Mobile: e-Mail:</p>
<p>e. Do you intend to process hemp material or seed on site?</p>	
<p>f. What manufacturing process will the low-THC hemp be subjected to?</p>	<p><input type="checkbox"/> Oil extraction</p> <p><input type="checkbox"/> fibre extraction</p> <p><input type="checkbox"/> Manufacturing</p>
<p>g. Provide an estimate of the quantity of low THC hemp to be supplied for manufacturing process on an annual basis.</p>	<p>Estimates may need to be amended when annual report of activity is submitted:</p>

3.6 Supply – Scientific Research

Complete this section if you intend to supply low-THC hemp for use in scientific research

a. Are you supplying low-THC hemp which will be cultivated under the terms of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No ⇒Go to c.
b. Do you know at this stage the details of the researcher to whom you will be supplying low-THC hemp	<input type="checkbox"/> Yes ⇒Go to d. <input type="checkbox"/> No – you will need to provide details of the final destination of your crop in your annual report.
c. Are you supplying any low-THC hemp which was not cultivated by you?	<input type="checkbox"/> Yes – (Provide details below) <input type="checkbox"/> No <hr/> Name <hr/> Address <hr/>
d. Provide a description of the location of the property that is to be used for the proposed research, instruction, analysis or study – if known.	Responsible Person: <hr/> Business Name: <hr/> Property Address: <hr/> City: State Postcode: <hr/> Phone: Fax: <hr/> Mobile: e-Mail: <hr/>
e. What research, instruction, analysis or study will the low-THC hemp be use for – if known	<hr/> <hr/>
f. Provide an estimate of the quantity of low-THC hemp to be supplied annually	Estimates will be amended when annual report of activity is submitted:

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:

Card Type: VISA MasterCard

Cardholders Name:

Card Number:

Expiry Date:

CVC:

3 digit number on reverse of card

Total Amount:

Signature:

Submitting Applications

Submit this notification by any one of the following methods:

Mail: *The Hemp Licensing Clerk*
Department of Primary Industries
Locked bag 21
Orange NSW 2800

Fax: 02 6391 3570

Email: scanned document – hemp.licensing@industry.nsw.gov.au

Further assistance may be obtained by contacting NSW Department of Primary Industries on 02 69381976 or on 02 63913100

Checklist

Action	Attached Y/N
Statutory Declaration signed	
Copy of drivers licence	
2 recent photographs	
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	