



Application by an individual for a licence under the *Narcotic Drugs Act 1967*

Before starting your application

This form can be used to apply for a licence under the [Narcotic Drugs Act 1967](#) (Cth) to:

- cultivate cannabis plants, and/or
- produce cannabis and/or cannabis resin, and/or
- manufacture cannabis, or cannabis material, for the purposes of supply to patients or research, and/or
- manufacture narcotic drugs other than from cannabis material.

This form should not be used by an existing licence holder to vary details of a current licence. A separate variation form is available from the Office of Drug Control (ODC) by emailing MCS@health.gov.au. Note also that if licencing for medicinal cannabis and research purposes is required, then two licence detail modules must be submitted.

To assist applicants, ODC have produced the following guidelines and guidance materials which can be found on the website (www.odc.gov.au):

- [Guideline: Fit and Proper Persons and Suitable Staff](#)
- [Guideline: Record Keeping and Reporting](#)
- [Guideline: Security of Medicinal Cannabis](#)
- [Guidance: Completing a licence application form](#)
- [Guidance: Compliance, Enforcement and Inspections](#)
- [Guidance: Fees and Charges](#)

Applicants are also advised to review the relevant Commonwealth legislation:

- [Narcotic Drugs Act 1967](#) (Cth)
- [Narcotic Drugs Regulation 2016](#)
- [Narcotic Drugs \(Licence Charges\) Act 2016](#) (Cth)
- [Narcotic Drugs \(Licence Charges\) Regulation 2016](#).

Fees

The fee for an application for a medicinal cannabis or cannabis research licence is AUS \$5,040. An application is not deemed to have been accepted by the ODC until the relevant fee has been paid. There is no fee for a manufacture licence application.

Payment is required upon receiving an invoice from the Australian Government Department of Health. Note that the application fee is non refundable.

Providing incorrect information

It is a serious offence for a person to knowingly make a false or misleading statement in relation to an application – see Division 136 and 137 of the [Criminal Code Act 1995](#) (Cth). Significant fines apply.

Privacy

ODC collects a variety of personal information in the course of performing its function. Personal information is defined in the [Privacy Act 1988](#) (Cth) (Privacy Act). Your personal information is protected by law under the Privacy Act, which contains the Privacy Principles. ODC is part of the Australian Government Department of Health. The Privacy Policy for this Department is available at www.health.gov.au.

Record checks

ODC may validate any information provided in this application with Commonwealth, State and Territory law enforcement authorities, and, State and Territory regulatory, planning and/or infrastructure authorities.

After you lodge your application

Lodgement of an application for a medicinal cannabis licence under the [Narcotic Drugs Act 1967](#) (Cth) is not in, or of, itself any form of approval to commence or continue activities involving cannabis or cannabis material. Such actions may be unlawful.

Do not provide monies until issued with an invoice for the fees attracted by the application. If you become aware that information provided in a recently submitted application is incorrect, then the specifics should be immediately emailed to MCS@health.gov.au. The impact of the incorrect information upon the application will be considered on a case-by-case basis. If you decide to withdraw your application, then an email to this effect should be immediately sent to MCS@health.gov.au. Please note that the application fee is non-refundable.

The ODC may request additional information to supplement that provided in a lodged application in order to reach a decision. Please note the ODC may approach you for further information more than once in the course of assessing your application.

SECTION 1 Applicant details		
1.1 Name	Given name(s): _____	
	Family name: _____	
1.2 Date of birth		
1.3 ABN/ARBN/ACN		
1.4 Phone	Primary	Secondary
1.5 Email address		
1.6 Postal address		

Town/Suburb State Postcode		
1.7 Details of people approved to discuss and provide information for this application.		
Full name	Email address	Phone number
1.8 	Documents you need to attach to complete this section of the application form Attach three (3) certified true proof of identity documents consisting of a combination of the following, with at least one from Category A. Category A <ul style="list-style-type: none"> • Birth certificate issued by a State or Territory • Current passport issued by the Commonwealth • Citizenship certificate issued by the Commonwealth or a certificate of registration by descent • Foreign passport Category B <ul style="list-style-type: none"> • Driver's licence or learner's permit issued under a State or Territory law (must include a photo of the applicant, applicant's signature and a street address the same as their address stated in the application) • Medicare card • Permanent visa (within the meaning of the Migration Act 1958) that is in effect in relation to the applicant • Documentary evidence that the applicant is an Australian permanent resident within the meaning of the Migration Act 1958. 	
	Identify the file names of proof of identity documents you are providing in this application	
	Evidence 1	
	Evidence 2	
	Evidence 3	

SECTION 2 Site information			
2.1 Site address			
Town/Suburb		State	Postcode
2.2 Land parcel identification	Lot	Block	Section
Site area (hectares or metre ² if under 1 hectare)			
GPS Coordinates	Latitude	Longitude	
2.3 Is the land owned by the applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.4 Is the land leased by the applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.4a If no, describe the arrangement for the use of the land			
2.4b If yes, provide the name and address of the lessor			
Given name(s):			
Family name:			
Address			
Town/Suburb		State	Postcode
Country			
2.5 Is there a known end date for the occupancy of the proposed site? <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.5a If yes, provide the end date			
2.6 Are there any terms and conditions of occupancy of the site that could conflict with the grant of the licence? <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.6a If yes, provide details of any conflicts			
If you need more space to clearly answer this question, attach a separate sheet labelled appropriately.			
2.7 Are there any other businesses co-located with the proposed site? <input type="checkbox"/> No <input type="checkbox"/> Yes			
2.7a If yes, provide the names of any privately held co-located businesses			
If you need more space to clearly answer this question, attach a separate sheet labelled appropriately.			

2.8 Are there any other activities that occur at the site that are not related to the proposed licence?

☐ No ☐ Yes

2.8a If yes, provide details

If you need more space to clearly answer this question, attach a separate sheet labelled appropriately.

2.9 Provide details on how the land, premises and facilities can be accessed for inspection purposes.

If you need more space to clearly answer this question, attach a separate sheet labelled appropriately.

2.10 Provide the addresses of any other premises at which other activities relating to the proposed licensed activities will be carried out.

If there is more than one other site, attach a separate sheet labelled appropriately.

Site address

Town/Suburb

State

Postcode

2.11 Have you applied for, or intend to apply for, another licence under the [Narcotic Drugs Act 1967](#) (Cth)?

☐ No ☐ Yes

2.11a If yes, provide details

2.12



Documents you need to attach to complete this section of the application form

Identify the file names of the plans for all sites you are providing in this application:

Site plan showing how the land will be used for the proposed licensed activities

File name

Floor plan of the premises and facilities where the proposed licensed activities will be undertaken

File name

SECTION 3 Fit and proper person information	
<p>3.1 Have you been convicted, at any time, of an offence against a law of the Commonwealth, a State or a Territory or another country?</p> <p style="text-align: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>3.1a If yes, provide details of the conviction(s).</p> <p>If you need more space to clearly answer this question, attach a separate sheet labelled appropriately.</p>	
<p>3.2 Have you engaged in conduct (which may or may not have led to a conviction) constituting a serious offence involving cultivation, supply or use of cannabis?</p> <p style="text-align: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>3.2a If yes, you will be separately approached to detail such circumstances.</p>	
<p>3.3 Have you ever had a civil penalty imposed upon you, at any time, under a law of the Commonwealth, a State or a Territory?</p> <p style="text-align: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>3.3a If yes, provide details of the penalty.</p> <p>If you need more space to clearly answer this question, attach a separate sheet labelled appropriately.</p>	
<p>3.4 Have you ever had a licence or permit (however described) revoked or suspended under a law of the Commonwealth, a State, a Territory or another country, being a law relating to the prohibition or regulation of drugs?</p> <p style="text-align: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>3.5a If yes, you will be separately approached to detail such circumstances.</p>	

☐ No ☐ Yes

If you need more space to clearly answer this question, attach a separate sheet labelled appropriately.

[illegible]

Fit and proper person information continued

- your business undertaking the activities to which this application relates; and/or
- any other business you undertake and provides a substantial portion of your income.

[illegible]

3.7 Are there any matters that may affect whether you are of good repute, relating specifically to your character, honesty and professional and personal integrity?

☐ No ☐ Yes

3.7a If yes, provide details

If you need more space to clearly answer this question, attach a separate sheet labelled appropriately.

3.8 Do you hold, or have you previously held, a licence issued under the [Narcotic Drugs Act 1967](#) (Cth)?

☐ No ☐ Yes

3.8a If yes, provide details of the licence(s)


If you need more space to clearly answer this question, attach a separate sheet labelled appropriately.

Licence number	Licence type	Current / Expired / Revoked / Suspended

3.9 Are there any issues you wish to bring to the attention of ODC relating to your compliance with the [Narcotic Drugs Act 1967](#) (Cth)? ☐ No ☐ Yes

3.9a If yes, detail the issues relating to your compliance

If you need more space to clearly answer this question, attach a separate sheet labelled appropriately.

3.10  **Documents you need to attach to complete this section of the application form**

Identify the file names of the documents you are providing in this application:

Complete Informed Consent Form issued by the Department of Health and available on the ODC website.
File names
Resume detailing your previous business experience.
File names
Evidence (e.g. a bank statement or audited financial background) that you have a sound and stable financial background and that there are no financial circumstances that may limit your ability to comply with the licence holder's obligations under the Narcotic Drugs Act 1967 (Cth).
File name

To continue, you must complete the following modules in SECTIONS 4, 5 and 6. These fully completed modules MUST be included in your application submission.

SECTION 4	Licence details module
Select/download either the <i>Licence module – Medicinal cannabis</i> , the <i>Licence module – Research</i> or the <i>Licence module – Manufacture licence for Narcotic Drugs</i> as required. Complete the selected module and include this in the application submission.	
Note: If licencing for medicinal cannabis and research purposes is required, then two licence detail modules must be submitted.	
SECTION 5	Security details module
Complete the Security details module and include this in the application submission.	
SECTION 6	Risk management and standard operating procedures and policies module
Complete the <i>Risk management and standard operating procedures and policies module</i> and include this in the application submission.	

Additional supporting information
<p>As part of the application submission, space is provided for you under 'Supporting information', to attach additional data files that you believe will assist in answering the application questions. The total application file size must not exceed 20 megabytes. If more attachment space is needed, then contact MCS.applications@health.gov.au to make alternative submission arrangements.</p>

Complete SECTION 7 below

SECTION 7 Applicant declaration and consent	
<p>I hereby apply to the Secretary, Department of Health, for the grant of a licence under the Narcotic Drugs Act 1967 (Cth) for the activities identified in this application.</p> <p>I declare that, to the best of my knowledge, all the information in this application is true, correct and complete. I am aware that giving false or misleading information is a serious offence—see Division 136 and 137 of the Criminal Code Act 1995 (Cth).</p> <p>I understand that it is standard practice for the Office of Drug Control to provide any or all of the contents of this application, including personal information as defined in the Privacy Act 1988 (Cth), to law enforcement agencies and regulatory agencies in the Commonwealth, States and Territories as necessary, in order to ensure laws and regulations are being complied with.</p> <p>I confirm that business associates, and/or other persons named in this application, have provided written consent for the Office of Drug Control to make enquiries with law enforcement agencies for the purposes of establishing that persons character and repute.</p>	
Signature of applicant:	Name:
	Date:
	Email:
	Mobile: