



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

This form can be used to apply for a licence under the *Narcotic Drugs Act 1967* 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 on the Office of Drug Control (ODC) website (www.odc.gov.au). Note also that if you are applying for more than one licence, you will require a separate form for each application.

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: Compliance, Enforcement and Inspections
- Guidance: Fees and Charges.

Applicant's are also advised to review the relevant Commonwealth legislation:

- *Narcotic Drugs Act 1967*
- *Narcotic Drugs Regulation 2016*
- *Narcotic Drugs (Licence Charges) Act 2016*
- *Narcotic Drugs (Licence Charges) Regulation 2016*.

Fees

The fee for an application for a medicinal cannabis or cannabis research licence is AUS \$5,290. 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*. 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

The lodgment of an application for a licence under the *Narcotic Drugs Act 1967* does not constitute approval to commence or continue activities that may be authorised under such a licence. Such actions may be unlawful.

ODC may request additional information or documents to supplement the contents of a lodged application in order to reach a decision.

If you become aware that information provided in a recently lodged application is incorrect, then contact the Office of Drug Control on 02 6232 8648 for guidance. The impact of the incorrect data upon the application will be considered case-by-case.

If you decide to withdraw your application, then an email to this affect should be sent to mcs.application@health.gov.au

| SECTION 1 Applicant details | | |
|--|--|--------------|
| 1.1 Name | Title: _____ | |
| | Given name(s): _____ | |
| | Family name: _____ | |
| 1.2 Date of birth | | |
| 1.3 Phone | Primary _____ Secondary _____ | |
| 1.4 Email address | | |
| 1.5 Postal address | | |
| _____ | | |
| Town/Suburb _____ State _____ Postcode _____ | | |
| 1.6 Details of people authorised to discuss and provide information for this application. | | |
| Full name | Email address | Phone number |
| | | |
| | | |
| | | |
| | | |
| 1.7  | <p>Documents you need to attach to complete this section of the application form</p> <p>Attach three (3) certified true proof of identity documents consisting of a combination of the following, with at least one from Category A.</p> <p>Category A</p> <ul style="list-style-type: none"> · A birth certificate issued by a State or Territory · A current passport issued by the Commonwealth · A citizenship certificate issued by the Commonwealth or a certificate of registration by descent · Foreign passport <p>Category B</p> <ul style="list-style-type: none"> · A 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) · A Medicare card · A permanent visa (within the meaning of the <i>Migration Act 1958</i>) that is in effect in relation to the applicant · Documentary evidence that the applicant is an Australian permanent resident within the meaning of the <i>Migration Act 1958</i> | |
| 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 metre² if under 1 hectare)
Latitude Longitude

2.3 Is the land owned by the applicant? No Yes

2.4 Is the land leased by the applicant? No Yes

2.4a If yes, provide the name and address of the lessor

Given name(s): _____
Family name: _____
Address _____

Town/Suburb State Postcode

2.5 Provide details of the premises and facilities at the location where the activities will be undertaken.
If you need more space to clearly answer this question, attach a separate sheet labelled appropriately.

2.6 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.

2.7 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

2.8 Have you applied for any other licence under the Narcotic Drugs Act 1967? No Yes

2.8a If yes, provide details

2.9



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**

3.1 Have you been convicted, at any time, of an offence against a law of the No Yes
Commonwealth, a State or a Territory or another country?

3.1a If yes, provide details of the conviction(s).

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

3.2 Are you applying for a medicinal cannabis or cannabis research licence? No Yes

3.2a If yes, 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? No Yes

3.2b If yes, you will be separately approached to detail such circumstances.

Fit and proper person information continued

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?

No

Yes

3.3a If yes, provide details of the penalty.

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

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?

No

Yes

3.4a If yes, provide details.

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

Fit and proper person information continued

3.7 Do you hold, or have you ever held, a professional qualification issued under a law of the Commonwealth, a State or a Territory, where you have been subject to disciplinary or other action relating to that qualification? No Yes

If yes, provide details of:

3.7a the qualifications held

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

3.7b any disciplinary or other action that is being, or has ever been, taken against you in relation to the qualification(s).

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

3.8 Are you currently affected by bankruptcy? No Yes

3.9 Provide details of your current financial circumstances (include any matter which may significantly limit your ability to comply with a licensee's obligations under the *Narcotic Drugs Act 1967*).

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

3.12 Are there any issues you wish to bring to the attention of ODC relating to your compliance with the *Narcotic Drugs Act 1967*?

No

Yes

3.12a 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.

3.13



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:

Copy of a **National Police Check Certificate** issued by the Australian Federal Police, State or Territory police force for each person employed by the applicant to carry out the activities authorised by the licence.

File name

Resume detailing your previous business experience.

File name

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*.

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 |
| <p>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.</p> <p>Note: If licencing for medicinal cannabis and research purposes is required, then two licence detail modules must be submitted.</p> |
| SECTION 5 Security details module |
| <p>Complete the <i>Security details module</i> and include this in the application submission.</p> |
| SECTION 6 Risk management and record keeping module |
| <p>Complete the <i>Risk management, employment and record keeping details module</i> and include this in the application submission.</p> |
| 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 20Megabytes. If more attachment space is needed, then contact mcs.application@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 <i>Narcotic Drug Act 1967</i> for the activities and timeframes 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 <i>Criminal Code Act 1995</i>.</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 <i>Privacy Act 1988</i>, 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, will provide 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: |