* Please complete **ALL** relevant sections and write in **BLOCK LETTERS.**

Authorities for low-THC cannabis are granted under Part IVA of the *Drugs Poisons and Controlled Substances Act 1981* (the Act). An authority for low-THC cannabis (hemp) can only authorise activities related to non-therapeutic use of hemp, which includes cultivating or processing hemp seed. An authority under Part IVA of the Act cannot authorise any activities related to medicinal cannabis. Hemp seed produced under the Victorian licensing scheme will be allowed to be sold as food in accordance with the Food Standards Code from 12 November 2017.

Every attempt has been made to either reference or accurately explain the intent of the terms, conditions, limitations or restrictions which apply to the authority and to provide options for the authority holder to comply with those conditions. It is the responsibility of the authority holder to ensure that they understand and comply with the legal conditions of their licence and the provisions of the *Drugs, Poisons and Controlled Substances Act 1981* (the Act).

Information supplied by the applicant will be treated in strict confidence. However, applicants should note that applications may be referred to the Chief Commissioner of Police. **Please note as a guide** Agriculture Victoria may require up to **60 days** from receipt to complete the processing of an application.

|  |
| --- |
| 1. **Applicant details** (see explanatory note 1)
 |
| If you currently hold/have held an authority state the number and expiry date |  |
| Complete one of the following sections. Type of applicant is dependent on who is to hold the licence. |
| **Application by a natural person** |
| 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)** |
| Name of legal entity (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 |  |

|  |
| --- |
| **Primary contact** |
| The person named should be the person primarily responsible for all matters concerning the application, authority and associated activities in relation to the possession, cultivation and processing of hemp. |
| Is the primary contact different from above? (see explanatory note 1) | [ ]  Yes (if YES, complete below)[ ]  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 |  |

|  |
| --- |
| 1. **Type of Authority**
 |
| Indicate if you are applying for an authority for commercial or research purposes. Research only applies if the research would be conducted by a person with appropriate scientific training using appropriate methodology. In relation to the non-therapeutic use, single or multiple boxes may be chosen. An authority for low-THC cannabis may authorise activities related to hemp seed for food purposes. |
| ***I wish to apply for an authority relating to:*** |
| **Commercial:**(relating to non-therapeutic use) | [ ]  | **Research Purposes:**(relating to non-therapeutic use) | [ ]  |

***Relating to non-therapeutic use to:***

|  |  |
| --- | --- |
| **Possess, process, sell or supply cannabis seed which has been harvested from low THC cannabis** | [ ]  |
| **Cultivate and possess cannabis from seed which has been harvested from low-THC cannabis** | [ ]  |
| **Possess, process, sell or supply cannabis which is substantially free of leaves and flowering heads and DOES NOT contain tetrahydrocannabinol (THC) in excess of 0.1 per cent** | [ ]  |
| ***Are any of the above activities for the purpose of hemp seed for food?*** | **[ ]  Yes****[ ]  No** |

|  |
| --- |
| 1. **Details of the Cannabis cultivation / storage / processing location**
 |
| Select one of the options below. Copy and attach this section for each additional activity (e.g. if you are proposing more than one cultivation area or paddock then copy this section). |
| **Cultivation area** | [ ]  |
| **Location where cannabis is to be stored and / or processed**  | [ ]  |
| Roadside address of the location where the selected activity is proposed |  |
| Do you (the applicant) own the land identified above? | [ ]  **Yes**[ ]  **No** *(if no is selected please attach evidence that you are responsible for management of the land identified (e.g. provision of a lease agreement))* |
| Crown allotment number(s) and Section (if applicable)\* |  | Parish name |  |
| Lot number(s)\*  |  | Plan number\* |  |
| Other parcel identifier\* |  |
| Local Council |  | Council property number(s) (per rates notice) |  |
| Paddock reference name |  |
| Total size of paddock (ha)*(if applicable)* |  | Total area to be cultivated (ha)*(if applicable)* |  |
| A clear map is attached showing the location?  **[[1]](#footnote-1)#**  | [ ]  Yes |
| Describe the proposed security arrangements for the location(see explanatory note 2) |  |

|  |
| --- |
| **4. Credit history** (see explanatory note 3) |
| Agriculture Victoria is required to ensure the applicant has a sound and stable financial background. Please attach a credit history report from a recognised agency. A credit history report can be obtained online from, for example, ’Veda’, ‘Dun and Bradstreet’, ‘Equifax’. |
| A credit history report is included with the application | [ ]  Yes |
| Is the applicant a recipient of any government pension or benefit? | [ ]  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. Associate details** (see explanatory note 4) |
| Copy and attach this page for additional associates (if required). A recent police record check (no older than 12 months) must be submitted to Agriculture Victoria for each associate. |
| 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 |  |

|  |
| --- |
| 1. **Please attach a National Police Check for you and your associates**
 |
| National Police Checks for applicant and associates attached (must be no older than 12 months) | [ ]  Yes |
| Have you, and to the best of your knowledge, your associates, in the past 10 years been found guilty of an indictable offence involving dishonesty, fraud, or cultivation/ trafficking in drugs of dependence where the maximum penalty exceeds 3 months imprisonment. | [ ]  Yes [ ]  No |

|  |
| --- |
| 1. **Proposed source of seed**
 |
| The name and address of the intended source of seed is required. Seed must be sourced from a person authorised to supply low-THC cannabis seed. The authority holder must ensure seed is supplied from a reputable source. Once an Authority is issued Agriculture Victoria may, at any time, request that the authority holder produce documentation relating to the source of seed for sowing, including the authentication of the varietal identity and tetrahydrocannabinol content of the crop from which the seed was harvested.  |
|  |

|  |
| --- |
| 1. **Describe the commercial or research activities for which authorisation is required**

Attach a copy of a business plan or research proposal, where available. For a commercial authority the detail to be considered here or within a separate business plan includes but is not limited to:* An estimation of the quantity of seed to be handled.
* The proposed receiver of produce (e.g. seed, fibre, hurd).
* Where will any processing of Cannabis plant material occur, what quantity of harvested hemp is estimated to be processed and who will complete the processing (if applicable)?
* What or whom is your target market should you be receiving / processing the produce yourself?
* An estimate of the hectares under cultivation for year 1, 2 and 3 of the proposed authority (if applicable).
* Who will sow and harvest the proposed crop(s)?

**Note:** An authority to cultivate hemp may not be granted unless the applicant provides evidence in the form of a contract with a processor.If you intend to engage in research activities, please specify:* full details of the proposed research project, including treatments and trial design, sowing method, number of sowings, area to be sown, period over which sowing is to take place and experimental data to be recorded
* the intended stage of maturity of the crop at harvest
* the method of harvest of the crop, full details of the proposed disposal/destruction of harvested material and crop residues and details of any proposed use of harvested material for processing purposes
* evidence that the research would be conducted by a person with appropriate scientific training using appropriate methodology.

**Note:** Authorities will normally be granted only for replicated small-plot trials with a total area of less than 0.5 hectares unless applicants can demonstrate that larger quantities of harvested material are essential for processing research. Authority holders will be expected to collaborate with a research organisation. |
|  |

|  |
| --- |
| 1. **Declaration** (see explanatory note 5)
 |
| Complete **one** of the following declarations. The type of declaration is dependent on type of applicant. |
| **Declaration by a natural person completing application** |
| I, (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of (address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(occupation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,do solemnly and sincerely declare that:1. the information I have supplied in the application is, to the best of my knowledge and belief, true and correct in every particular.
2. I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

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 under section 107A of the *Evidence (Miscellaneous Provisions) Act 1958* (as of 1 January 2010), (previously *Evidence Act 1958*), (e.g. Justice of the Peace, Pharmacist, Police Officer, Australian Lawyer, Court Registrar, Bank Manager, Medical Practitioner, Dentist, Veterinary Practitioner, Councillor of a municipality, Principal) |

|  |
| --- |
| **Declaration on behalf of an incorporated body[[2]](#footnote-2) (legal entity)** |
| I, (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of (address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,(Director/Secretary/Partner/Trustee) do solemnly and sincerely declare that:1. the information contained in the application is, to the best of my knowledge and belief, true and correct in every particular.
2. I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

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 under section 107A of the *Evidence (Miscellaneous Provisions) Act 1958* (as of 1 January 2010), (previously Evidence Act 1958), (e.g. Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist, Veterinary Practitioner, Councillor of a municipality, Principal) |

|  |
| --- |
| 1. **Payment of application / renewal fee**
 |
| The **application fee** for a 3 year Authority as at 1 July 2021 is **$450.90** (30 fee units). The **renewal** fee for an Authority as at 1 July 2021 is **$142.80** (9.5 fee units). Renewals may be made up to one month before the expiry of the current Authority. |
| Please select and make a payment by one of the following means: |
| [ ]  **CHEQUE**[ ]  **MONEY ORDER** | Enclose a cheque/money order for the full amount made payable to Department of Jobs, Precincts and Regions. |
| [ ]  **CREDIT CARD** | Please debit my credit card (tick which type) | [ ]  **Visa** [ ]  **Mastercard** |
| Card number  |

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

 |
| Name on card |  | Card expiry date |   / |
| Cardholder signature |  | Date |  / / |
| Would you like a receipt? (**Note**: This fee is exempt from the GST) | [ ]  Yes |

|  |
| --- |
| 1. **Delivery**
 |
| Submit your completed application form to: **industrial.hemp@agriculture.vic.gov.au**Or mail to:AGRICULTURE VICTORIAStatewide Specialist Emerging Plant Industries402 Mair StreetBallarat Vic 3350 |
| **Privacy statement:** The Department of Jobs, Precincts and Regions (DJPR) is committed to protecting personal information provided by you in accordance with the principles of the *Information Privacy Act 2000*. The personal information on this application form will be stored and used by DJPR for the purposes of administering the *Drugs, Poisons and Controlled Substances Act 1981*. Applicants have the right of access to this information by contacting DJPR at the address mentioned on this application form. The information may be disclosed to another government organisation for the purpose of administering or enforcing the law. |

**Explanatory notes**

1. **Applicant name**

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

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.

**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 Agriculture Victoria’s primary contact.

1. **Proposed security arrangments**

Proposed security measures to be used on the property/premises on which hemp is to be stored, grown or processed must be described.

**For cultivation sites:**

1. All low-THC cannabis crops must be grown at locations at which all entrances (gates) to the growing areas are kept locked at all times, except when in use. Minimum security measures for cultivation sites will include barrier fencing that prevents easy access by unauthorised persons to the cultivation site. Cultivation sites are preferred to not be located on a public road and if possible should be close to a residence.
2. Cultivation of low-THC cannabis may not occur in urban locations or near schools and other community areas. Plantings are preferred to be located in the ”back blocks” of a rural communities as opposed to main roads; the intention is that the location should be in an area where opportunistic tampering/theft is less likely to occur.
3. Signs at the site should alert unauthorised persons that access is prohibited and that the crop is low in THC content (eg., "Controlled Site. Restricted Entry. Low-THC Fibre Hemp, Contact Person ........ ").
4. Other security arrangements for limiting access to authorised persons and the degree of supervision of the site by authorised persons should be specified.
5. If harvesting is not proposed to take place until after flowering or seed set, additional security measures, including regular surveillance, during flowering and seed set period is required.
6. Sites which hold an Authority for the cultivation of low-THC hemp will be subjected to periodical inspections by Agriculture Victoria inspectors. On-site inspections may be undertaken to:
	1. Ensure security requirements are being observed
	2. Ensure compliance with the conditions, limitations or restrictions to which the authority
	3. Take ad-hoc samples for analytical purposes

**For premises used for the storage or processing of seed or harvested material:**

Minimum security requirements will include:

1. secure storage facilities for seed or harvested hemp material
2. maintenance of detailed records of the source and destination of all seed and harvested material
3. that the premises must be lockable and exclude persons during processing who are not employees of the authority holder
4. seed can only be supplied to persons authorised to possess seed from low-THC cannabis.
5. **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.

1. **Associates**

To assess if the licence applicant is fit and proper to hold a licence, associates of the applicant also need to be assessed. Please list the full name, residential address and date of birth of all associates and attach a recent police check (no older than 12 months) for each associate.

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

The Act defines that a person is an associate of an applicant for an authority if the person:

1. holds or will hold any relevant financial interest, or is or will be entitled to exercise any relevant power (whether in right of the person or on behalf of any other person) in the business of the applicant to which the authority relates, and by virtue of that interest or power, is able or will be able to exercise a significant influence over or with respect to the management or operation of the business to which the authority relates; or
2. holds or will hold any relevant position, whether in right of the person or on behalf of any other person in the business of the applicant to which the authority relates; or
3. is a relative of the applicant.

"relative" means spouse (including de facto spouse), parent, child or sibling (whether full or half blood);

"relevant financial interest", in relation to a business, means any share in the capital of the business or any entitlement to receive any income derived from the business;

"relevant position", in relation to a business, means the position of director, manager or other executive position or secretary, however that position is designated;

"relevant power" means any power, whether exercisable by voting or otherwise and whether exercisable alone or in association with others to participate in any directorial, managerial or executive decision or to elect or appoint any person to any relevant position.

All persons listed on the application form are required to undergo “National Police Records Check”. The applicant is to forward a “National Police Certificate “for each person mentioned in the application.

National Police Records Checks are available at [www.police.vic.gov.au](http://www.police.vic.gov.au) or from other online providers (who may provide a faster service).

1. **Declaration**
	1. **Made by a natural person**

For a full list of persons who can witness the signing of the declaration, please refer to section 107A of the *Evidence (Miscellaneous Provisions) Act 1958*. Further information can also be found on the Department of Justice website.

**5.2 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. In the case of an incorporated association under the *Associations Incorporation Reform Act 2012* (Vic), the officer must be the secretary of the association

For a full list of persons who can witness the signing of the declaration, refer to section 107A of the *Evidence (Miscellaneous Provisions) Act 1958*, or the Department of Justice website.

1. **\* Include whichever is applicable –** e.g. Crown allotment number OR Lot number and plan number. If these do not apply, use the ‘other parcel identifier’ section. Sufficient information is required for Agriculture Victoria to accurately identify the specific parcel of land.Example: Lot 1 of LP123456. Title details are also available from the interactive map at [www.land.vic.gov.au](http://www.land.vic.gov.au)

**#**  **Map must be attached. Map must include –** number of hectares; location of growing / storage area(s); boundaries of the property; and any other feature the applicant believes may be relevant. [↑](#footnote-ref-1)
2. The declaration made on behalf of an **incorporated body** must be signed by a current officer of the incorporated body. In the case of an incorporated association under the *Associations Incorporation Reform Act 2012* (Vic), the officer must be the secretary of the association [↑](#footnote-ref-2)