Application for a Licence

under the *Industrial Hemp Act 2004* of Western Australia

Refer to ‘IHP-3 Notes to assist in applying for an industrial hemp Licence’ available from the [DPIRD website](http://www.agric.wa.gov.au/industrial-hemp): www.agric.wa.gov.au/industrial-hemp

The applicant hereby applies to the Registrar, Department of Primary Industries and Regional Development for a Licence under the [*Industrial Hemp Act 2004*.](http://www.austlii.edu.au/au/legis/wa/consol_act/iha2004176/)

1. Authorised activity for which the Licence is required:

Cultivate industrial hemp

Harvest industrial hemp

Process industrial hemp

1. The application is made on behalf of an:

Individual

Partnership

Body corporate

1. Full name of applicant

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1. Business name of applicant (if different than the applicant name)

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|  | ABN Number: |  |

1. Business (physical) address and contact details of applicant

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Address: | |  | | | | | |
| Town: |  | | | | Postcode: | |  |
| Tel: |  | | Mob: |  | | Email: |  |

1. Postal address of applicant for correspondence

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| --- | --- | --- | --- | --- |
| Address: | |  | | |
| Town: |  | | Postcode: |  |

1. Details of Relevant Persons (see section A of notes)

(If more space is required add a sheet to the application)

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| **Relevant Person 1** | | | | | | | | | | | | | | | |
| Full name: | | |  | | | | | | | Any previous names: | | | |  | |
| Role: | |  | | | | | | | | | | | | | |
| Residential address: | | | | | |  | | | | | | | | | |
| Postal address: | | | | |  | | | | | | | | | | |
| Date of birth: | | | |  | | | | | Place of birth: | | |  | | | |
| Date entered Australia (if applicable): | | | | | | | | |  | | | Signature: | | |  |
| Tel: |  | | | | | | Mob: |  | | | Email: | |  | | |
| **Relevant Person 2** | | | | | | | | | | | | | | | |
| Full name: | | |  | | | | | | | Any previous names: | | | |  | |
| Role: | |  | | | | | | | | | | | | | |
| Residential address: | | | | | |  | | | | | | | | | |
| Postal address: | | | | |  | | | | | | | | | | |
| Date of birth: | | | |  | | | | | Place of birth: | | |  | | | |
| Date entered Australia (if applicable): | | | | | | | | |  | | | Signature: | | |  |
| Tel: |  | | | | | | Mob: |  | | | Email: | |  | | |
| **Relevant Person 3** | | | | | | | | | | | | | | | |
| Full name: | | |  | | | | | | | Any previous names: | | | |  | |
| Role: | |  | | | | | | | | | | | | | |
| Residential address: | | | | | |  | | | | | | | | | |
| Postal address: | | | | |  | | | | | | | | | | |
| Date of birth: | | | |  | | | | | Place of birth: | | |  | | | |
| Date entered Australia (if applicable): | | | | | | | | |  | | | Signature: | | |  |
| Tel: |  | | | | | | Mob: |  | | | Email: | |  | | |

1. Full description of activities for which a Licence is required (If more space is required add a sheet to the application)

**Cultivation and / or Harvest** (Ensure adequate information about what tasks will be done under Licence; how it will be done and what equipment is available to conduct the activity, if not processing describe what will be done with harvested material)

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**Processing** (If a processing Licence is required, complete the table below with as much detail as possible)

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| **Part of the plant used** | **Product to be produced** | **End use of the product** | **Method of processing** | **What machinery will be used?** | **Where will the processing be done?** |
| e.g. Stem | Fibre | Textiles, building products | Extraction of fibres by decortication | Decorticator owned by AAA Hemp Co. | On premises described in Section 12 |
| e.g. Seed | De-hulled seed | Food | De-hulling of seed | De-huller owned by AAA Hemp Co. | On premises described in Section 12 |
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1. Are you affected by bankruptcy proceedings? Yes  No

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| If yes, please give details |  |
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1. Describe the financial and material resources available to carry out the activities to be authorised by the Licence (see section G of notes)

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| Note: Provide a financial statement or other suitable evidence. Please refer to Section G. notes to help complete a financial statement. Other suitable evidence can be in the form of a recent bank statement or the latest available financial statements certified from an accountant. |
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1. Describe the relevant training, business / technical skills, and previous experience that will enable you to undertake the licensed activities.

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1. Details of the premises where the activities will occur

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| **Premises 1** | | Type of activity: | | | Cultivate  Harvest  Process | | | | |
| Address: | |  | | | | | | | |
| Owner of premises: | | |  | | | | | | |
| Contact details for person primarily responsible for activities at the premises | | | | | | | | |  |
| Name: |  | | | | Address: |  | | | |
| Tel: |  | | | Mob: |  | | Email: |  | |
| **Premises 2** | | Type of activity: | | | Cultivate  Harvest  Process | | | | |
| Address: | |  | | | | | | | |
| Owner of premises: | | |  | | | | | | |
| Contact details for person primarily responsible for activities at the premises | | | | | | | | |  |
| Name: |  | | | | Address: |  | | | |
| Tel: |  | | | Mob: |  | | Email: |  | |
| **Premises 3** | | Type of activity: | | | Cultivate  Harvest  Process | | | | |
| Address: | |  | | | | | | | |
| Owner of premises: | | |  | | | | | | |
| Contact details for person primarily responsible for activities at the premises | | | | | | | | |  |
| Name: |  | | | | Address: |  | | | |
| Tel: |  | | | Mob: |  | | Email: |  | |

1. Attach a copy of the lease agreement(s) or business arrangement(s) permitting use of each premises for the proposed activities (if you are not the owner)
2. Attach a plan of each premises showing the proposed location of crops, storage and/or processing (as applicable)
3. Area of industrial hemp intended to cultivate (if applicable)

Less than 2 hectares

2-10 hectares

More than 10 hectares

1. Proposed security arrangements at each premises where the activities will occur (see section B of notes). Include details of crop fencing, storage etc.

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1. Source of seed to be sown (see section C of notes)

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1. Character (see section A of notes)

Have you or any relevant person on this application, ever been convicted of, or found guilty of any offences?

(exclude traffic offences and convictions ‘spent’ under the *Spent Convictions Act*) Yes  No

Are you aware of any proceedings against you, or any relevant person on this application, for an offence, including proceedings by way of appeal or review? YesNo

Have you, or any relevant person on this application, ever been disqualified from holding a Licence by any occupational licensing board? YesNo

If you answered yes to any of the above, you must give details of alloccurrences. Include the following

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| --- | --- |
| The name of the court or board: |  |
| The offence: |  |
| The sentence received: |  |
| Relevant dates: |  |

Note: If there is insufficient space on this form to provide details of offences, provide the details on a separate sheet of paper.

1. Character references

Submit two character references for each Relevant Person (see section A of notes).

1. Declaration

(a) I am aware that a police check on me and relevant persons will be undertaken in determining the suitability of my application;

(b) The information I have supplied in the application is to the best of my knowledge and belief, true and correct in every particular;

(c) I have read and understand the requirements and obligations of the *Industrial Hemp Act 2004* and Regulations.

**If a body corporate:**

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| --- | --- | --- | --- | --- | --- | --- |
| This application has been completed by: | |  | | | | |
| who is a duly authorised director/senior executive officer of the body corporate. | | | | | | |
| Director: |  | | Signature: |  | Date: |  |
| Counter signatory: |  | | Signature: |  | Date: |  |

**If an individual or partnership:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Applicant Name: |  | | Signature: |  | Date: |  |
| Witness Name: |  | | Signature: |  | Date: |  |
| Address of witness: | |  | | | | |
| Occupation of witness: | |  | | | | |

1. Credit Card Payments

Application for a hemp Licence $328.00 (GST exempt)

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| --- | --- |
| Card Type: | VISA  MasterCard |
| Cardholders Name: |  |
| Card Number: |  |
| Expiry Date: |  |
| Total Amount: |  |

1. Submitting Applications

**Application checklist**

Ensure all these points have been addressed prior to sending your application

A corporate structure or a current Certificate of Incorporation (Body corporate applicants only)

Application is signed appropriately (Section 7 and Section 20)

Police clearance is attached for each relevant person

2 character references attached for each relevant person

Thorough explanation of the activities for which a Licence is sought

Financial statement or other suitable evidence

Lease agreement for each property (if you are not the owner)

Title deeds for each property (if you are the owner)

Maps for each property showing proposed location of crops or other licensed activities

Submit this signed application to:

[hempregistrar@dpird.wa.gov.au](mailto:hempregistrar@agric.wa.gov.au)

Including all supporting documents as separate attachments

Or

Dispatch this signed application to:

The Registrar

*Industrial Hemp Act 2004*  
Department of Primary Industries and Regional Development   
3 Baron-Hay Court   
South Perth WA 6151

Pleas allow 10 days extra processing time for applications sent by mail.

For assistance completing this form telephone (08) 9368 3467 or email [hempregistrar@dpird.wa.gov.au](mailto:hempregistrar@agric.wa.gov.au)