**Application Form for a Licence to Manufacture/Import/Research/Sell**

 **Psychoactive Substances**

This form is to be used by a **New Zealand resident** when applying for **a licence to manufacture/import/research/sell psychoactive substances under Psychoactive Substances Act 2013 (the Act)**. Please visit [www.legislation.govt.nz](http://www.legislation.govt.nz) for a copy of the Act.

For information on **fees and application processes**, please refer to **the Licensing Scheme Guideline** before completing this application. The Guideline is available from our website at <http://psychoactives.health.govt.nz/industry/guidelines-and-application-forms>.

Applications should be emailed to psychoactives@moh.govt.nz using the subject heading “Licence application” or submitted in hard copy to:

The Psychoactive Substances Regulatory Authority

PO Box 5013

Wellington 6145

Once a complete application is received, a tax invoice will be issued to the applicant. For further information please contact psychoactives@moh.govt.nz.

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| **Section A** | **Type of licence** |

 **Please tick the type (s) of licence you are applying for in the table below**

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| **Type**  |  |
| **Manufacture** |  |
| **Import** |  |
| **Research** |  |
| **Sell approved products by retail** |  |
| **Sell approved products by wholesale** |  |
| **Sell unapproved products** |  |

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| **Section B** | **Point of contact information** |

 **All correspondence will be forwarded to this person.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and title (Mr/Ms/Mrs/Other)** |  | **Position**  |  |
| **Email** |  | **Phone** |  |

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| **Section C** | **Licence holder information** |

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| **Name of organisation****Note: If you are a natural person, please provide your name.** |  |
| **Postal address of organisation****Note: If you are a natural person, please provide your postal address.** |  |
| **Address of all premises where psychoactive substances will be located** **Note: Please note that a separate licence can be required****Note: Please inform the authority if any of these locations are residential** |  |
| **Physical address of other premises associated with your organisation** |  |
| **Website address for online shop (s)** |  |

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| **Section D** | **Organisational structure information** |

**Person (s) listed in this section are responsible for ensuring that all activities relating to psychoactive substances are conducted in accordance with conditions on the licence, the Psychoactive Substances Act 2013 and the associated regulations.**

 **Please list the names and positions of the following personnel**

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| **Director or Chief Executive (s) of the organisation (ie, first tier manager)** |  |
| **Second tier manager (s)**  |  |

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| **Lead researcher (s) or Project manager (s) of activities to be licensed** |  |
| **Shareholders who own more than 30% of the shares** |  |
| **Trustees if applicable** |  |

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| **Section E** | **Statutory declaration** |

**This section must be read and signed by all person (s) listed in section D for the authorised activity by this licence in the presence of authorised witness[[1]](#footnote-1). By signing this section, you are authorising us to access your personal information including, but not limited to, Police records (NZ Police vetting request and consent form attached). The Authority may also request relevant information from other government agencies in relation to this application.**

I solemnly and sincerely declare that:

* I am a New Zealand resident (as defined in section YD 1 or YD 2 of the Income Tax Act 2007).
* The information supplied in this application is, to the best of my knowledge, complete and correct and no relevant information has been omitted.
* I am a fit and proper person to hold a licence issued under the Psychoactive Substances Act 2013 and have not been convicted of a relevant offence (as defined in section 16(3) of the Act).

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

|  |  |  |
| --- | --- | --- |
|  | Name and signature | Date (DD/MM/YYYY) |
| Declarant 1 |  |  |
| Authorised witness of declarant 1 |  |  |
| Declarant 2 |  |  |
| Authorised witness of declarant 2 |  |  |
| Declarant 3 |  |  |
| Authorised witness of declarant 3 |  |  |
| Declarant 4 |  |  |
| Authorised witness of declarant 4 |  |  |
| Declarant 5 |  |  |
| Authorised witness of declarant 5 |  |  |

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| **Section F** | **Supporting documents** |

 **The following documents for each person in Section D must be attached to this application**:

* NZ Police vet request and consent form

The NZ Police vet and Australian History check form can be found in ‘Forms and Guides’ at <http://www.police.govt.nz/advice/businesses-and-organisations/vetting/forms-and-guides>.

* Copies of two forms of identification[[2]](#footnote-2) that have been witnessed and signed by a trusted referee
* Referee’s contact details[[3]](#footnote-3)

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| **Section G** | **Checklist prior to submission of application** |

 **All the boxes must be ticked before the submission is made to the Authority.**

[ ]  All sections of the application form are filled out and signed.

[ ]  Section E supporting documents are filled out and attached to the application.

1. An authorised witness can be a Deputy Registrar/Registrar of the High Court or any District Court, Justice of the Peace, or Solicitor, or Notary Public, or Officer authorised to take and receive statutory declarations. [↑](#footnote-ref-1)
2. A primary form of identification can be passport or original birth certificate and a secondary form can be driver licence, firearms licence or 18+ card. Identification must include date of birth. [↑](#footnote-ref-2)
3. A trusted referee must be over 16, and /have known the applicant for at least 12 months, and not be related, or a partner/spouse, or a co‑resident of the applicant, and be a person of standing in the community (eg, registered professional, religious or community leader) [↑](#footnote-ref-3)