**Application Form**

|  |  |
| --- | --- |
| medicinal cannabis  Application for a Medicinal Cannabis Licence Regulation 32, Misuse of Drugs (Medicinal Cannabis) Regulations 2019 | A |

INFORMATION FOR APPLICANTS

Use this application form to make an application for a Medicinal Cannabis Licence. Read the *Guidance for applicants for a medicinal cannabis licence* document before completing this application.

For the application to be considered, you must complete all the relevant sections of the application form and provide the necessary information.

Section A of the application form requires information about the applicant, company directors or partners and requires you to make declarations about the application. Sections B to F require information about the different activities being conducted at one or more locations and the responsible persons involved.

While this form provides space for you to provide the required information, you can also present the information as clearly marked separate attachments.

The Medicinal Cannabis Agency (the Agency) may request further information from you regarding the application.

Information you provide in the application may be shared with other agencies, including the New Zealand Police and the Ministry for Primary Industries.

When the Agency receives your application, you will be invoiced for an initial check of the application. The fee for the initial check is $345 (including GST) and is non-refundable.

If the application appears to be in order, the Agency will invoice you for the full application fee. The fee depends on which activities you have applied for. For more detail on the application fees, read the *Guidance for applicants for a medicinal cannabis licence document*.

The assessment of your application will not start until you have paid the full assessment fee.

# Applicant details and declaration

## Eligibility to hold a licence

* + 1. Are you, or all the directors or partners (if a business entity) over the age of 18 years?

☐ Yes

☐ No [You, and all directors or partners must be 18 years or older]

* + 1. Have you, or any of the directors or partners (if a business entity) held or been named on a licence that has been revoked under:
       1. the Misuse of Drugs Act 1975
       2. any regulation made under that Act (including the Misuse of Drugs Regulations 1977, Misuse of Drug (Industrial Hemp) Regulations 2006 or Misuse of Drugs (Medicinal Cannabis) Regulations 2019)?

☐ No

☐ Yes – please provide details:

|  |
| --- |
| [Reference attached document(s).] |

[Continue on additional sheets if necessary.]

* + 1. Have you, or any of the directors or partners (if a business entity) ever been convicted of any of the following:
       1. an offence against the Misuse of Drugs Act 1975 or any drug-related offence
       2. a crime involving dishonesty within the meaning of the Crimes Act 1961
       3. an offence outside of New Zealand that, if committed in New Zealand, would fall within the above offences or crimes?

**Please note**: Convictions covered under the Criminal Records (Clean Slate) Act 2004 may not need to be disclosed. For more information, please visit the Ministry of Justice website (<https://www.justice.govt.nz/criminal-records/clean-slate/>) or seek independent legal advice.

☐ No

☐ Yes – please provide details:

|  |
| --- |
| [Reference attached document(s).] |

[Continue on additional sheets if necessary.]

## Applicant details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A2.1** | | Applicant type: | ☐ Individual | |
|  | |  | ☐ Company | |
|  | |  | ☐ Partnership | |
|  | |  |  | |
| **A2.2** | | Company or partnership name:  (if applicable) |  | |
|  | |  |  | |
| **A2.3** | | Company registration number: (if applicable) |  | |
|  | |  |  | |
| **A2.4** | | Address registered with Companies Office (if a company): | | |
|  | | Level/unit: |  | |
|  | |  |  | |
|  | | Street number and name: |  | |
|  | |  |  | |
|  | | Suburb: |  | |
|  | |  |  | |
|  | | Town/city: |  | |
|  | |  |  | |
|  | | Postcode: |  | |
|  | |  |  | |
| **A2.5** | | Business location address: | ☐ Same as registered address | |
|  | | Level/unit: |  | |
|  | |  |  | |
|  | | Street number and name: |  | |
|  | |  |  | |
|  | | Suburb: |  | |
|  | |  |  | |
|  | | Town/city: |  | |
|  | |  |  | |
|  | | Postcode: |  | |
|  | |  |  | |
| **A2.6** | | Full name and email address of each director or partner (if a business entity): | | |
|  | | Name: |  | |
|  | | Email: |  | |
|  | |  |  | |
|  | | Name: |  | |
|  | | Email: |  | |
|  | | (Continue on additional pages if necessary) |  | |
|  | |  |  | |
| **A2.7** | Contact person for this application: | | |
|  | | Name: |  | |
|  | |  |  | |
|  | | Phone: |  | |
|  | |  |  | |
|  | | Title/position: |  | |
|  | |  |  | |
|  | | Email: |  | |

## Responsible person details and declaration

Every responsible person included in this application must complete a separate declaration.

**Copy and complete this page of the form for each responsible person**.

|  |  |  |
| --- | --- | --- |
| **A3.1** | Given name(s) of responsible person: |  |
|  |  |  |
| **A3.2** | Surname: |  |
|  |  |  |
| **A3.3** | Contact details: |  |
|  | Phone: |  |
|  |  |  |
|  | Email: |  |

**A3.4** I declare that I:

* + - 1. am authorised by the individual applicant or the business entity to control the activities for which it is seeking the licence
      2. am familiar with, and have the expertise to comply with, the obligations that these regulations impose on the licence holder for the types of activity the entity is seeking a licence for
      3. am 18 years or older
      4. reside in New Zealand
      5. agree to be a responsible person for the activities I am nominated for in this application
      6. EITHER
* have never held a licence issued under the Misuse of Drugs Act 1975, or any regulations made under that Act, that has been revoked

OR

* have had a licence revoked as described below:

|  |
| --- |
| [Reference attached document(s).] |

* + - 1. EITHER
* have never been convicted of an offence against the Misuse of Drugs Act 1975 or any other drug-related offence or of a crime involving dishonesty within the meaning of the Crimes Act 1961, or an offence overseas that, if committed in New Zealand, would be an offence under the above legislation

OR

* I have been convicted of an offence outlined above as described below.

|  |
| --- |
| [Reference attached document(s).] |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature (An electronic signature is acceptable) |  | Date |

## Ministry of Justice check for criminal convictions

The Ministry of Justice now undertakes criminal conviction history checks online. The Agency no longer accepts hard copies or emailed copies of the Request for Criminal Conviction History (CCH) – Third Party form.

Checks are required for the following people:

* individual applicants
* directors and partners
* responsible persons.

The Agency will not accept Ministry of Justice criminal convictions reports that the applicant has obtained, or police vetting checks.

* + 1. Each person requiring a Ministry of Justice check must provide to the Medicinal Cannabis Agency:
       - * **a copy of an identification document**
         * **their email address.**
    2. The identification document **must** be one of the following:
       - * a New Zealand driver licence. This can be current or expired within the last two years but must not be cancelled or a temporary licence
         * a New Zealand passport. This must be signed and can be current or expired within the last two years but must not be cancelled
         * an overseas passport. This must be signed and current
         * a New Zealand firearms licence. This must be current

**And**

* + - * + be a clear and readable copy
        + not be defaced
        + clearly show the expiration date (this is on the reverse side of some driver licences).
    1. If the person does not have one of these forms of identification, that person must complete a proof of identification form and make a statutory declaration, and submit these to the Agency.

Use the following link to the proof of identity form and statutory declaration:

<https://www.justice.govt.nz/criminal-records/get-your-own/>

* + 1. Once your licence application is accepted by the Agency, each person requiring a criminal conviction history check will receive a link to an online form directly from the Ministry of Justice.

**Important**: The online form must be completed within 15 days of receiving the link. Failure to submit the completed form within 15 days will result in the request expiring. This will result in delays to processing your licence application.

* + 1. Put your name on the form to match exactly the name on your identification document.
    2. The signature on the form must match that of the signature on the identification document.
    3. The completed form can be signed by hand or using an electronic signature. Typed signatures are not accepted.

## Activities you are applying for as part of this application

Read the definitions of the activities in the *Overview of the medicinal cannabis licensing scheme* to ensure that you are applying for the correct activities. The relevant application section for each activity must be included in the application.

You must apply for at least one activity at the time you apply for the Medicinal Cannabis Licence. You can apply for further activities or locations to be added to the licence during the term of the licence by submitting an application to amend the licence. If you are applying for a Cultivation activity, you do not need to also apply for a Seed Supply activity.

Indicate below which activities you are currently applying for with this licence application by indicating the number of locations where the activity is to be conducted. Complete the relevant sections for the activities that you are applying for.

|  |  |
| --- | --- |
| **Activity** | **Number of locations** |
| Cultivation (Section B) |  |
| Seed supply (Section C) |  |
| Research (Section D) |  |
| Possession for manufacture (Section E) |  |
| Supply (Section F) |  |

## Statutory declaration

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I, *[full name]* | |  | | |
| of *[place]* |  | | *[occupation]* |  |
| solemnly and sincerely declare that I am authorised to complete this application on behalf of | | | | |
|  | | | | |
| *[name of applicant or entity]* | | | | |

and I:

1. agree that the information provided in this application may be shared with other agencies, including the New Zealand Police and the Ministry for Primary Industries

2. confirm that the licence applicant, or one or more directors or partners of the entity, is familiar with and understands the obligations of a licence holder under the Misuse of Drugs Act 1975, the Misuse of Drugs Regulations 1977 and the Misuse of Drugs (Medicinal Cannabis) Regulations 2019 and will comply with the same

3. declare that the information I have supplied in this application is, to the best of my knowledge and belief, true and correct in every particular, and I make this declaration in the knowledge that a person making a false declaration is liable to prosecution under section 15 of the Misuse of Drugs Act 1975 (False Statements) and regulation 78 of the Misuse of Drugs (Medicinal Cannabis) Regulations 2019.

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature (An electronic signature is acceptable) |  | Date |

|  |  |
| --- | --- |
| Declared at *(place – for example, name of town or city):* |  |

|  |  |
| --- | --- |
| Before me *(name of official witness):*[[1]](#footnote-2) |  |

|  |  |
| --- | --- |
| Signature of official witness: |  |
|  | (An electronic signature is acceptable) |

Please complete the checklist on the next page before submitting the application.

|  |
| --- |
| CHECKLIST |
| Before submitting the application, check that the following sections are completed and that you have attached the documents listed.  ☐ Section A1  ☐ Section A2  ☐ Section A3 for each responsible person  ☐ Section A5  ☐ Section A6  ☐ At least one of Sections B to F.  ☐ A completed copy of ‘Section A3: Responsible person details and declaration’ for every responsible person identified in the application.  ☐ Security plans and operational security procedures for all activities and locations for which you have applied.  ☐ Identification documents the individual applicant, company directors, partners and responsible persons identified in the application. |

|  |
| --- |
| **HOW TO SUBMIT APPLICATION FORM** |
| * Save the completed application form as a Word or copy-enabled PDF document. * **If you are submitting as a PDF document, do not make it read-only.** This allows the Agency to copy and paste from the document, preventing the likelihood of transcription errors. * Attach supporting documents as separate, appropriately referenced documents. Do not submit supporting documents altogether as a single document. This delays the assessment of the application. * Email the completed application form and supporting documents to the Medicinal Cannabis Agency ([medicinalcannabis@health.govt.nz](mailto:medicinalcannabis@health.govt.nz)). * Do not submit photos of the application form and supporting documents. * If you are unable to email the application form and supporting documents, you can post a copy to:   Medicinal Cannabis Agency Ministry of Health PO Box 5013 Wellington 6145   * Keep a copy of the completed application form and supporting documents for your records. |

1. Authorised witnesses include (see [section 9 of the Oaths and Declarations Act 1957](http://www.legislation.govt.nz/act/public/1957/0088/latest/DLM314584.html) for complete list):

   * a justice of the peace (JP)
   * a solicitor or notary public — you may have to pay for their services
   * a Registrar or Deputy Registrar of the District Court or the High Court
   * authorised staff in some government agencies.

   [↑](#footnote-ref-2)