**Application Form**

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| medicinal cannabisApplication to Renew a Medicinal Cannabis LicenceRegulation 45, Misuse of Drugs (Medicinal Cannabis) Regulations 2019 | R |

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| **INFORMATION FOR APPLICANTS*** Use this application form to make an application to renew your Medicinal Cannabis Licence.
* This form is only to be used if you currently hold a Medicinal Cannabis Licence. If you wish to apply for a new Medicinal Cannabis Licence, please use Medicinal Cannabis Licence Application Form **A**.
* If you submit your application for renewal of your licence to the Medicinal Cannabis Agency (the Agency) no more than 90 days and no less than 30 days before the expiry of your current licence, your current licence will continue in force until the application for renewal is determined.
* If your application is received less than 30 days before the expiry of the licence and the new licence is not issued before the licence expires, you will be unlicensed, and all cannabis and cannabis products may need to be destroyed.
* For the application to be considered, you must complete all the relevant sections of the application form and provide the necessary information.
* This form should not be used to request amendments to a licence. If you want to request an amendment to your licence at the time of renewal you will need to complete Form LA **in addition** to this application form.
* However, changes to:
	+ responsible persons
	+ directors or partners
	+ cultivars to be grown during the new licence period
	+ quantity of cannabis to be grown during the new licence period

may be submitted with a renewal application.* The assessment of the application for renewal of the licence will be given priority over an application to amend the licence, in order to ensure the licence remains in effect, where possible.
* During assessment of the renewal application, the Agency may request further information from you.
* Information you provide in the application may be shared with other agencies, including the New Zealand Police and the Ministry for Primary Industries.
* If the supporting information requested has been provided with the initial licence application or subsequent approved applications for amendment and has not changed, you do not need to resubmit the same information. Clearly identify and reference the information that was previously provided.
* On receipt of your application, you will be invoiced for $345 (including GST) for an initial check of the application. This fee is non-refundable.
* If the application appears to be in order, the Agency will then invoice you for the full renewal application fee. The invoiced fee amount will be the sum of the licence application renewal fee plus the activities covered by the licence.
* Fees for the renewal of a medicinal cannabis licence (including GST):

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| --- | --- |
| Medicinal cannabis licence renewal fee | $2,587.50 |
| Cultivation activity (per location) | $3,392.50 |
| Nursery activity (per location) | $747.50 |
| Research activity (per location) | No renewal or activity fee |
| Possession for Manufacture activity (per location) | $2,645.00 |
| Supply activity (per location) | $5,922.00 |

* The assessment of your application will not start until you have paid the full renewal application assessment fee. The assessment fee is non-refundable.
* An annual inspection of all locations for the activities covered by the license will be required. In most instances this will be scheduled within three months of the issue of the renewed licence.
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| **INSTRUCTIONS FOR COMPLETING THE APPLICATION** |
| * Complete Section RA and the relevant activity sections (RB to RE) that apply to your situation.
* If there is more than one activity or location, complete a separate activity section for each activity or location.
* Complete a separate section RA3 for each responsible person.
* While this form provides space for you to provide the required information, you can also present additional information as clearly marked separate attachments.
 |

# 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 [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 a licence that has been revoked under either:
			1. the Misuse of Drugs Act 1975 or
			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 or
			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

|  |  |  |
| --- | --- | --- |
| RA2.1 | Applicant type: | ☐ Individual |
|  |  | ☐ Company |
|  |  | ☐ Partnership |
|  |  |  |
| RA2.2 | Company or partnership name:(if applicable) |  |
|  |  |  |
| RA2.3 | Company registration number:(if applicable) |  |
|  |  |  |
| RA2.4 | Address registered with Companies Office (if a company): |
|  | Level/unit: |  |
|  |  |  |
|  | Street number and name: |  |
|  |  |  |
|  | Suburb: |  |
|  |  |  |
|  | Town/city: |  |
|  |  |  |
|  | Postcode: |  |
|  |  |  |
| RA2.5 | Business location address: | ☐ Same as registered address |
|  | Level/unit: |  |
|  |  |  |
|  | Street number and name: |  |
|  |  |  |
|  | Suburb: |  |
|  |  |  |
|  | Town/city: |  |
|  |  |  |
|  | Postcode: |  |
|  |  |  |
| RA2.6 | Full name and email address of each director or partner (if a business entity): |
|  |  Name: |  |
|  |  Email: |  |
|  |  |  |
|  |  Name: |  |
|  |  Email: |  |
|  |  |  |

 (Continue on additional pages if necessary

|  |  |
| --- | --- |
| RA2.7 | Contact person for this application: |
|  | Name: |  |
|  |  |  |
|  | Title/position: |  |
|  |  |  |
|  | Phone: |  |
|  |  |  |
|  | 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.

|  |  |  |
| --- | --- | --- |
| RA3.1 | Given name(s) of responsible person: |  |
|  |  |  |
| RA3.2 | Surname: |  |
|  |  |  |
| RA3.3 | Contact details: |  |
|  | Phone: |  |
|  |  |  |
|  | Email: |  |

RA3.4 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 renewal
			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 renewal 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).] |

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|  |  |  |
| Signature(An electronic signature is acceptable) |  | Date (must be within the last 3 months) |

## Ministry of Justice check for criminal convictions

Ministry of Justice checks are required on application to renew a licence.

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
	+ 1. Each person requiring a MOJ 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 2 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 2 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 you having to complete and submit a new form. This will result in delays to processing your Medicinal Cannabis 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 acceptable.

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

* + 1. Indicate below which activities you are applying to have renewed as part of this licence application by indicating the activities and the locations where each activity is currently being conducted. You must complete the appropriate activity section (sections RB to RF) as part of this application.

|  |  |
| --- | --- |
| **Activity** | **Address of activity** |
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|  |  |
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* + 1. If there is an activity on your current licence that you are not applying to have renewed, please indicate this below.

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| **Activity Name** | **Address of activity** |
|  |  |
|  |  |

* + 1. If there is an activity location on your current licence that you are not applying to have renewed, please indicate this below.

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| **Address of activity location not being renewed** |
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**Important**: If you are requesting any amendments to your licence other than changes to responsible persons, directors or partners, or cultivars or the quantities to be grown in the licence period, you must complete a Licence Amendment application. You will be invoiced for this separately.

## 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 where indicated the requested information has been provided in a previous application that has been approved by the Agency

3. 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

4. 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-1) , [[2]](#footnote-2) |  |

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

Please complete the checklist on the next page

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| CHECKLIST |
| Before submitting the application, check that the following sections are completed and that you have attached the documents listed.Before submitting the application, check that the following sections are completed and that you have attached the documents listed.☐ Section RA.☐ At least one of Sections RB to RF for the activities that you would like to be renewed on your licence.☐ A completed copy of ‘Section RA3: Responsible person details and declaration’ for every responsible person identified in the application.☐ Security plans and operational procedures for all activities and locations for which you have applied.☐ Identification documents for the individual applicant, company directors, partners and responsible persons identified in the application.☐ Any additional information for all activities and locations for which you have applied to renew.**Important**: If you are requesting any other amendments to your licence, you must complete a Licence Amendment application. You will be invoiced for this separately. |
| **HOW TO SUBMIT APPLICATION FORM**  |
| * Save the completed application form as a Word or copy-enabled PDF document.
* 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.
* Do not submit photos of the application form or supporting documents.
* Email the completed application form and supporting documents to the Medicinal Cannabis Agency (medicinalcannabis@health.govt.nz).
* If you are unable to email the application form and supporting documents, you can post a copy to:

Medicinal Cannabis AgencyMinistry of HealthPO Box 5013Wellington 6145* Keep a copy of the completed application form for your records.
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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-1)
2. The application may be returned if the declaration has not been witnessed by an official witness. [↑](#footnote-ref-2)