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| Hemp Industry Act section 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Application information:**   * A class ‘B’ research licence authorises the licensee to possess, cultivate, process or supply hemp for scientific research, instruction, analysis or study purposes. * This licence can allow research using high THC hemp germplasm/seed on the provision it is used as part of a plant breeding program to produce new varieties for low THC hemp or crossbreeding disease resistant high THC hemp plants to produce disease resistant low THC varieties. * Applicants must demonstrate they have the qualifications, experience and resources to undertake the activity of research. * In addition to the legislated due diligence provisions, the CEO must also be satisfied that the applicant can demonstrate sufficiently secure facilities, control arrangements, and line of audit before the issue of a class B licence. * Application fee of $3,495 for five years as of July 1 2024 with fees reviewed annually.   **Privacy Statement:**  The Northern Territory Government will only use the information collected for the purpose for which it was supplied and such information will not be disclosed to any third party unless required by law. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **New licence**  Complete Part A, B, and C of form. | | | | | | | Y/N | | | | | | | | | | | | | | | | | | | | | | | |
| **Renewal licence** Provide Licence number, expiry date and complete Part C of form. | | | | | | | Y/N | | | **Licence number:** | | | | | |  | | | | | | **Expiry date:** | | | | | |  | | |
| Part A: Applicant details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: | | | | Mr | Mrs | Ms | Miss | Dr | Other | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identification:**[[1]](#footnote-1)** | | | | Drivers licence | Passport | Other (Specify) | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| State/Territory of issue: | | | |  | | | | | | | | | | | | | | | | | | | Copy attached? | | | | | | | Y/N |
| Address: Residential | | | |  | | | | | | | | Address: Postal | | | | | | |  | | | | | | | | | | | |
| Phone – Business and mobile: | | | |  | | | | | | | | **Email:** | | | | | | |  | | | | | | | | | | | |
| Is the applicant or any associates affected by bankruptcy action? | | | | Y / N | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the applicant the owner of the property where the hemp is to be cultivated?** If no please complete and attach the **property owner consent form** with this application. | | | | | | | | | | | | | | | | | | | Y/N | | | | | | | | | | | |
| Business details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of business entity: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Postal Address:  If not same as that of applicant | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| ABN: |  | | | | | | | | | | | | | | **ACN:** | | |  | | | | | | | | | | | | |
| Associate details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Role in business e.g. Manager | | | | | | **Full name** | | | | | | | | | | | | **Identification type[[2]](#footnote-2)** | | | | | | | | | **Copy attached?** Y/N | | | |
|  | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | |
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| Researcher details: (attach research proposal) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full name** | | | | | | | | | **Qualifications** | | | | | | | | | | | | **Experience** | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |
| Part B: Cultivation details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Physical address:**  Location of where hemp is to be grown /processed (Please list all cultivation address’s) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Description of security measures at the location under cultivation** (attach documents where necessary) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Source of hemp germplasm/seed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of supplier** | | | | | **Supplier address** | | | | | | | | **Supplier Licence[[3]](#footnote-3) number** | | | | | | | | | | | | **Quantity/ weight (kg) of seed** | | | | | |
|  | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | | |
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| **Consignment notice number from vendor supplying germplasm/seed:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Where material sourced has greater than 1% THC content, evidence of supplier’s approval under Commonwealth Narcotic Drugs Act 1967 is required.** | | | | | | | | | | | | | | | | | | | | | | | | | **Documents attached?** | | | | Y/N | |
| Part C: Applicant declaration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I declare that to the best of my knowledge and belief, all information given in this application is true and correct in every particular. Under section 33 of the Hemp Industry Act 2019, the penalty for making a statement that is misleading in any particular is a fine not exceeding 100 penalty units or imprisonment for up to 12 months. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant full name:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant signature:** | | |  | | | | | | | | | | | | | | **Date:** | | | | | | |  | | | | | | |
| How to pay options | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Choose your payment option below. Follow the payment instructions. Email this Part C: payment slip to the RTM in your area. Email your receipt of payment to [hempcompliance@nt.gov.au](mailto:hempcompliance@nt.gov.au). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cheques**  Must be made out to RTM (Receiver of Territory Monies) and can be posted to:  Hemp Compliance Unit, DITT,  GPO Box 3000,  Darwin NT 0801 | | | | | | | | **Cash/Debit Card**  Payments may only be made in person at the RTM locations below.  Please present **part C** of this form. | | | | | | **Credit Card** payments may be made during business hours (8:30am – 4:00pm, Mon-Fri)  **In person** – Present **part C** of this form at one of the RTM locations listed below.  **By Phone** –  1. Complete the payment slip;  2. Email the form to one of the RTMs listed below;  3. Phone that RTM to quote Credit Card details for payment. | | | | | | | | | | | | | | | | |
| **RTM Alice Springs** | | | | | | | | **RTM Darwin** | | | | | | **RTM Katherine** | | | | | | | | | | | | | | | | |
| 1st Floor,  Alice Springs Plaza  Todd Street Mall  Alice Springs NT 0870  RTM  GPO Box 4037  Alice Springs NT 0871  RTMAlice@nt.gov.au  08 8951 6491 | | | | | | | | Ground floor,  Manunda Place  38 Cavenagh Street  Darwin NT 0800  RTM  GPO Box 199  Darwin NT 0801  RTMDarwin@nt.gov.au  08 8999 1628 | 08 8999 1606 | | | | | | First Floor,  Government Centre  First Street,  Katherine NT 0850  RTM  PO Box 1171  Katherine NT 0851  RTMKatherine@nt.gov.au  08 8951 6481 | | | | | | | | | | | | | | | | |
| **Payment slip** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(**Office use only **-** ABN: 84 085 734 992 - 92HE1N09D 134535) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name in full:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postal address:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Item** | | | | | | | | | | | | | | | | | | | | **GST code** | | | | | | **Amount ($)** | | | | |
| Class B research licence fee $3,495 for 5 years | | | | | | | | | | | | | | | | | | | | (N00) | | | | | |  | | | | |
| No Trespassing signs $40 (pack of 5) | | | | | | | | | | | | | | | | | | | | (S10) | | | | | |  | | | | |
| Extra signs $8 each | | | | | | | | | | | Qty required | | | | |  | | | | (S10) | | | | | |  | | | | |
| **Total Amount ($):** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| |  | | --- | | Application submission: Ensure all necessary fields and supporting documents are provided  Phone**:** Plant Biosecurity Branch - Hemp Compliance Unit: 08 8999 2118.  Submit application and all required attachments by:  Email: [hempcompliance@nt.gov.au](mailto:hempcompliance@nt.gov.au)  Or post to: **Hemp Compliance Unit**  Department of Industry, Tourism and Trade  GPO Box 3000  Darwin 0801  Northern Territory  For more information go to [nt.gov.au/hemp-licences](https://nt.gov.au/industry/agriculture/food-crops-plants-and-quarantine/hemp-licences) | | End of form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1. A minimum of 100 points of identification has to be provided with an application. [↑](#footnote-ref-1)
2. A minimum of 100 points of identification has to be provided with an application. [↑](#footnote-ref-2)
3. Licence number as authorised under the Hemp Industry *Act 2019* or corresponding law [↑](#footnote-ref-3)