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| 8 | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hemp Industry Act section 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Application information**   * A commercial licence authorises the licensee to possess, cultivate, process or supply low-THC hemp for food or fibre commercial purposes under the Hemp Industry Act 2019. * Minimum land area of cultivation required for issuing a licence is 2 ha. * An application fee of $1,394 applies as of July 1 2023 with all fees and charges reviewed annually. * Legislated due diligence provisions around the applicant apply. * The licensee must notify the Hemp Compliance Unit of any changes subsequent to this application, of applicant and associates details, the locations of cultivation, processing or storage of hemp. * A requirement for site security provisions may be included in conditions of licence.   **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 licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New licence (complete Part A, B, C) | | | | | | | | | | | | | | | | | | | Y/N | | | | | | | | | |
| Renewal licence up to number and expiry – complete Part C | | | | | | | 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) | | | | | | | | | | | | |  | | | | **Copy attached?** | | | | | | Y/N |
| State/Territory of issue: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 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 the 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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| Part B: Cultivation details | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Physical address:**  Address of where hemp is to be grown/processed. (Please list all cultivation properties) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Type of proposed Hemp production | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Germplasm (for propagation purposes)** | | | | | | | | | | | | | | | Y/N | | | | | | | | | | | | | |
| **Seed (propagation)** | | | | | | | | | | | | | | | Y/N | | | | | | | | | | | | | |
| **Seed (for consumption)** | | | | | | | | | | | | | | | Y/N | | | | | | | | | | | | | |
| **Fibre** | | | | | | | | | | | | | | | Y/N | | | | | | | | | | | | | |
| **Source of hemp germplasm/seed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of supplier** | | | | **Supplier address** | | | | | | | | | | | **Supplier licence no.** | | | | | | | | | | | | **Quantity No. or kg** | |
|  | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | |
| 2. | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | |
| 3. | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | |
| 4. | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | |
| You must attach evidence of THC levels of parent crops of cultivars to be used (note: parent seed crops must test not more than 0.5% THC | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consignment notice number from vendor supplying germplasm/seed:** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 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 ($)** | | |
| Commercial licence fee $1,394 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**:** Hemp Compliance Unit/ Plant Biosecurity**:** 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1. A minimum of 100 points of identification is required to be provided with the application. [↑](#footnote-ref-1)
2. A minimum of 100 points of identification has to be provided with an application. [↑](#footnote-ref-2)