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|  | 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 17 | | | | | | | | | | | | |
| **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. | | | | | | | | | | | | |
| Licensee details | | | | | | | | | | | | |
| Full name | | | |  | | | | | | | | |
| Licence number | | | |  | | | | | | | | |
| Business details | | | | | | | | | | | | |
| **Business name** | | |  | | | | | | | | | |
| ABN | | |  | | | | | | | | | |
| **Details of condition(s) to be amended** (attach another document if the content exceeds the capacity of this form) | | | | | | | | | | | | |
| **Licence Condition Reference** | | | | | | | **Description and reasons for changes to conditions** | | | | | |
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| Licensee declaration | | | | | | | | | | | | |
| I declare that to the best of my knowledge, all information given in this form 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 12 months. | | | | | | | | | | | | |
| Licensee full name | | | | |  | | | | | | | |
| Licensee 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 ($)** |
| Amendment to licence fee $112 | | | | | | | | | | (N00) | |  |
| 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 | | | | | | | | | | | | |