



# Application for Licence

## FORM 1A

### Instructions to Applicant

1. Please read the form carefully and complete in BLOCK CAPITALS.
2. A separate application is required for each licence being applied for.
3. Each licence will be only applicable to the particular premises for which it is issued.
4. Individuals may only apply for cultivator licence. However, a registered sole trader may apply for any of the licence.
5. In completing this form, please note that:
  - A. Sections A, D, E and F are to be completed by all applicants
  - B. Section B should be completed by individuals and sole traders only
  - C. Section C should be completed by companies and other businesses
  - D. The Authorisation for Background Checks and the Final Declaration must both be signed.

### SECTION A

All applicants should complete this section.

Please indicate the type of licence for which you are applying.

<input type="checkbox"/> Cultivator (Less than 1 acre)	<input type="checkbox"/> Processor	<input type="checkbox"/> Retailer (Pharmacy/Dispenser)
<input type="checkbox"/> Cultivator (1-5 acres)	<input type="checkbox"/> R&D (Experimental)	<input type="checkbox"/> Retailer (Herb House)
<input type="checkbox"/> Cultivator (Over 5 acres)	<input type="checkbox"/> R&D (Analytical Services)	<input type="checkbox"/> Retailer (Therapeutic Services)
	<input type="checkbox"/> Transporter	

Please indicate whether this is your first time applying

First Time Application                       Renewing Application

Current Licence Holder – type: .....

Applied previously, awaiting approval: when did you apply? (MM-YYYY).....  
and type of licence applied for.....

Applied previously, did not receive a licence – when did you apply? (MM-YYYY).....



**SECTION B: INDIVIDUAL INFORMATION**

**Complete this section only if you are an Individual or Sole Trader**

SURNAME	FIRST NAME	MIDDLE NAME
OTHER NAMES (IF APPLICABLE)	MAIDEN NAME (IF APPLICABLE)	MOTHER'S MAIDEN NAME
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	DATE OF BIRTH (DD-MM-YYYY)
PLACE OF BIRTH (Town, Country)	NATIONALITY	LENGTH OF TIME LIVING IN JAMAICA (IN YEARS):
TRN	ID #: Type: <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> National Identification Card	ID #: Type: <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> National Identification Card
CURRENT OCCUPATION		
PERMANENT ADDRESS		
Street/Apt #	Town/City	Parish
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
Street/Apt #	Town/City	Parish
ADDRESS OF PROPERTY BEING LICENSED (IF APPLICABLE)		
Street/Apt #	Town/City	Parish
CONTACT NUMBERS (AS AVAILABLE)		
(Home)	(Work)	(Mobile)
EMAIL ADDRESS(ES)		



**SECTION C: COMPANY/BUSINESS INFORMATION**

**Complete this section only if you are a Business or Company, including Cooperative**

**NAME OF COMPANY/BUSINESS/COOPERATIVE**

REGISTERED ADDRESS

Street/Apt #	Town/City	Parish
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MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

Street/Apt #	Town/City	Parish
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ADDRESS OF PROPERTY BEING LICENSED (IF APPLICABLE)

Street/Apt #	Town/City	Parish
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TRN	TYPE OF COMPANY/BUSINESS: <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability <input type="checkbox"/> Cooperative <input type="checkbox"/> Friendly Society <input type="checkbox"/> Other - Please specify .....	REGISTRATION NUMBER:
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Contact Number(s)	Email Address
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AUTHORISED AGENT:

Surname	First Name	Middle Name
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Position	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (DD-MM-YYYY)
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Contact Number(s)	Email Address
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**SECTION D: GENERAL DECLARATIONS**

**All applicants should complete all the questions in this section.  
If necessary, please use a supplementary sheet to provide the required information.**

<p>1. Are you, any of your Directors or any of your Employees under the age of eighteen (18)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>2. Are you the titled owner of the property being licensed (land, buildings or motor vehicle)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, who is the legal (titled) owner of the property?</p> <p>.....</p> <p>If no, please also provide copy of title as well as Form 3: Consent of Property Owner Form</p>
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<p>3. Have you, any of your Directors, your parent company or any related entity ever applied for a licence to handle ganja or ganja products in any other jurisdiction (whether or not the licence was issued)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, state jurisdiction and type of licence: .....</p> <p>.....</p> <p>Status: <input type="checkbox"/> Current <input type="checkbox"/> Denied <input type="checkbox"/> Being processed</p> <p><input type="checkbox"/> Issued, but then Revoked/Suspended</p>
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<p>4. Have you, any of your Directors, your parent company or any related entity ever applied for a gaming or racing licence in this or any other jurisdiction (whether or not the licence was issued)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, state jurisdiction and type of licence: .....</p> <p>.....</p> <p>Status: <input type="checkbox"/> Current <input type="checkbox"/> Denied <input type="checkbox"/> Being processed</p> <p><input type="checkbox"/> Issued, but then Revoked/Suspended</p>
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<p>5. Have you or any of your Directors ever been convicted of any crime?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, state jurisdiction, type of crime and sentence dates:</p> <p>.....</p> <p>.....</p>
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<p>6. Is the location of your property/facility within 182 metres of any of the following? (Tick all that apply)</p>	<table border="0"> <tr> <td><input type="checkbox"/> Schools/Colleges</td> <td><input type="checkbox"/> Childcare centres</td> </tr> <tr> <td><input type="checkbox"/> Playground/Public Park</td> <td><input type="checkbox"/> Community Centre</td> </tr> <tr> <td><input type="checkbox"/> Library</td> <td><input type="checkbox"/> Game Arcade</td> </tr> <tr> <td><input type="checkbox"/> Place of Worship</td> <td><input type="checkbox"/> Bus Park</td> </tr> </table>	<input type="checkbox"/> Schools/Colleges	<input type="checkbox"/> Childcare centres	<input type="checkbox"/> Playground/Public Park	<input type="checkbox"/> Community Centre	<input type="checkbox"/> Library	<input type="checkbox"/> Game Arcade	<input type="checkbox"/> Place of Worship	<input type="checkbox"/> Bus Park
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<input type="checkbox"/> Place of Worship	<input type="checkbox"/> Bus Park								



7. Please state the name(s) of the beneficial owner(s) of the company.

8. Please name parent company/companies and any related entities if applicable.

## SECTION E: STATEMENT OF FINANCIAL HISTORY

**All applicants should complete all the questions in this section.**

**Please attach supporting documents for all questions to which you have answered 'Yes'.**

1. Are you, any of your Directors, your parent company or any related entity delinquent in the payment of any judgments or tax liabilities due to any governmental agency anywhere?

Yes  No

2. Have you, any of your Directors, your parent company or any related entity filed a bankruptcy petition in the past 5 years, or had such a petition filed against it?

Yes  No

3. Are you, any of your Directors, your parent company or any related entity ever been a party to any business trust instrument?

Yes  No

4. Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of any financial or trade regulation ever been filed or entered against you, any of your Directors, your parent company or any related entity?

Yes  No

5. Have you, any of your Directors, your parent company or any related entity been a party to a lawsuit in the past 5 years, either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country?

Yes  No

6. Have you, any of your Directors, your parent company or any related entity completed financial statements, either audited or unaudited, in the past two years?

Yes  No

7. Attach a list detailing the operating and investment accounts for this business, including financial institution name, address, telephone number, and account number for each account.

8. Attach a list detailing each outstanding loan and financial obligation obtained for use in this business, including creditor name, address, phone number, loan number, loan amount, loan terms, date acquired, and date due.



**SECTION F: AUTHORISATION FOR BACKGROUND CHECKS**

**All applicants must sign this section for their application to be processed.  
Please READ CAREFULLY and sign to give consent.**

I,....., hereby authorise the Cannabis Licensing Authority, or its duly authorised representative, to validate the accuracy of the information provided in connection with this application for a licence. I understand that the Cannabis Licensing Authority may utilise independent agencies to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the Cannabis Licensing Authority's choice. I also understand that by not signing, I am withholding my permission and that in such a case, no investigation will be done, and my application for a licence will not be processed.

.....  
Signature

**FINAL DECLARATION**

**All applicants must sign this section for their application to be processed**

I,....., declare that this form and all the attachments, statements, disclosures and supporting documents are true and correct to the best of my knowledge and belief. I further declare that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a licence by the Cannabis Licensing Authority, and that where, after the issue of a licence, a statement made in connection with the applicant is found to be false, the licence may be revoked.

.....  
Position

.....  
Signature

.....  
Date

