# Application for a variation to a medicinal cannabis licence under the *Narcotic Drugs Act 1967 –* Licence Variation Type 1

**Preliminary Questions**

1. Does the application relate to a medicinal cannabis licence issued by the Office of Drug Control (ODC) under the *Narcotic Drugs Act 1967* (the Narcotic Drugs Act)?

[ ]  Yes - proceed to Question 2.

[ ]  No - Variations cannot be sought until a licence has been granted under the Narcotic Drugs Act.

1. Does the proposed variation relate to a change to the name of the licence holder?

[ ]  Yes - proceed to Question 3.

[ ]  No - proceed to Question 4.

1. Does the proposed change to the licence holder name also include a change to the legal entity, ie. change to governance structure, or to officeholders or shareholders?

[ ]  Yes – an application for a licence variation type 3 may be required.

[ ]  No – proceed to Question 4.

1. Does the proposed variation relate to a change to the name and/or the description of an authorised person specified on the licence?

[ ]  Yes – proceed with this application form.

[ ]  No – an application for a different variation type may be required, please contact the ODC.

1. Does the proposed variation relate to the removal of an authorised person currently listed on the licence?

[ ]  Yes – proceed with this application form.

[ ]  No – an application for a different variation type may be required, please contact the ODC.

Note, an ‘authorised person’ includes:

1. the licence holder
2. the person who holds a managerial or supervisory position that has direct control over the activities authorised by the licence
3. the person responsible for controlling on a daily basis the activities authorised by the licence.

The licence may refer to an authorised person with the above descriptions, or may include other descriptions (such as their role, eg Head of Operations).

**Important information**

This is an application to the Secretary of the Department of Health and Aged Care made under section 10N of the Narcotic Drugs Act to vary a medicinal cannabis licence granted under that Act.

Irrespective of the person(s) completing this licence variation application form, the licence holder is accountable for the accuracy of the information entered and submitted as part of the application, including any supporting documents.

The application may be withdrawn at any time before a decision has been made, but the application fee is not refundable. If you decide to withdraw your application, then an email to this effect should be sent to MCS.application@health.gov.au.

**Implementation of variations**

Variations sought through this application must not be implemented by the licence holder until a decision approving the application, when made by the delegate, is notified in writing by the ODC. It should be noted that the lodgment of an application to vary a licence does not constitute approval to commence or continue activities that would be unauthorised under an existing licence. Conducting authorised activities where facilities or security arrangements have not been approved may be a breach of the licence and unlawful.

**Privacy**

The ODC collects a variety of personal information in the course of performing its functions. Personal information is defined in the Privacy Act 1988 (Cth) (Privacy Act). Your personal information is protected by law under the Privacy Act, which contains the Australian Privacy Principles. The ODC is part of the Australian Government Department of Health and Aged Care. The Privacy Policy for the Department is available at [www.health.gov.au](http://www.health.gov.au).

The ODC may validate any information provided with this application with Commonwealth, State and Territory law enforcement authorities and State and Territory regulatory, planning and/or infrastructure authorities.

**Providing Incorrect Information**

Under Divisions 136 and 137 of the *Criminal Code Act 1995*, it is an offence to provide a false or misleading statement, information, or documents to the Commonwealth, including as part of an application for variation of a licence.

**Submission of application**

Once completed, please email this application form along with all relevant supporting documentation to the ODC at mcs.application@health.gov.au.

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| **SECTION 1 Licence details** |
| **Licence holder name:****Licence number:** |       |
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| **SECTION 2 Variation purpose**  |
| Indicate the purpose/s for which you are seeking to vary the licence: |
| [ ]  | 1. Remove authorised persons from the licence *(complete sections 3 and 6 of this form)*
 |
| [ ]  | 1. Update (vary) the name of the licence holder *(complete sections 4 and 6 of this form)*
 |
| [ ]  | 1. Update (vary) the name of an authorised person, or the description of an authorised person, specified on the licence *(complete sections 5 and 6 of this form)*
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| **SECTION 3 Remove authorised persons from the licence** |
| How many authorised person/s do the changes apply to? |       |
| Provide a list of authorised persons to be removed from the licence |
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| Provide details on why these persons are being removed as authorised persons |
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| Provide a signed consent provided by the authorised person agreeing to their removal from the licence as an authorised person. If this cannot be provided, give reasons. |
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| **SECTION 4 Update the name of the licence holder** |
| New name of licence holder:       |
| ***Document requirement*** *-* Provide a Certificate of Registration on Change of Name issued by the Australian Securities and Investments Commission (ASIC). |

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| **SECTION 5** | **Update the description of the authorised person** |
| How many authorised person/s do the changes apply to? |  |
| **Authorised Person** | **Previous description** | **New description** |
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| **SECTION 6 Declaration and consent** |
| I am authorised by the licence holder to submit this proposal to vary a licence on its behalf.I declare that, to the best of my knowledge, all the information in this proposal is true, correct and complete. I am aware that giving false or misleading information is a serious offence – see Division 136 and 137 of the *Criminal Code Act 1995*. |
| **Signature:** insert image or print out and sign:**insert image or print out and sign** | **Name:**  |
| **Date:**  |
| **Email Address:**  |
| **Phone Number:**  |

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# Version control

Updates to this document will occur automatically on the Office of Drug Control website and the revision table below will list the amendments as they are approved.

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| **Date**  | **Version**  | **Amendments**  | **Approved by**  |
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