# Application for a variation to a medicinal cannabis licence under the *Narcotic Drugs Act 1967 –* Licence Variation Type 4

**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 adding an additional site to an existing licence?

[ ]  Yes - proceed with this application form

[ ]  No - a different application form is required for any other type of variation, please see the ODC website

**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The application may be withdrawn at any time before a decision has been made, but the application fee is not refundable.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 to vary a licence.

**Submitting the 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 Reason for proposed variation** |
| Provide an overview of why the licence holder is seeking to add an additional licensed premises (site) to the licence. |
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| Does the licence holder continue to have access to, or control of, the licensed premises (site/s) currently specified on the licence? | Yes [ ]  | No [ ]  |
| *If no, provide details*  |
| Does the licence holder intend to continue conducting authorised activities at the licensed premises (site/s) currently specified on the licence? | Yes [ ]  | No [ ]  |
| If no, does this variation seek to remove a licensed premises (site) from the licence? | Yes [ ]  | No [ ]  |
| *Note, if yes, a Licence Variation Type 2 application is required.* |

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| **SECTION 3 Details of new premises** |
| Address line 1 |  |
| Address line 2 |  |
| Suburb |  | State |  | Postcode |  |
| If address is not available, please provide the geographic coordinates of the location: |
| Latitude |       | Longitude |       |
| Total area of the land at the address  |       m2 |
| The total area at the address which will be enclosed within the primary border, and will be considered the licensed premises |       m2 |
| Provide details on the local government zoning for the land  |
|       |
| Is the proposed licensed premises (site) currently owned by the licence holder? ***Document requirement*** *- If yes provide evidence* | Yes [ ]  | No [ ]  |
| Is the proposed licensed premises (site) currently leased by the licence holder? *If yes, provide the following details of the landlord:* | Yes [ ]  | No [ ]  |
| First Name |  | Surname |  |
| Address of landlord | Address Line 1 |       |
| Address Line 2 |       |
| Suburb |       | State |       | Postcode |       |
| Is the landlord aware of the activities to be conducted at the location? | Yes [ ]  | No [ ]  |
| If the proposed location is neither owned nor leased by the licence holder, provide details of the licence holder’s legal right to use or occupy the premises at the location, including the right to construct, maintain, and exclusively use facilities at the location. |
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| ***Document/s requirement*** *- Provide such documents as are necessary to establish the legal right to use or occupy the premises at the location, including the right to construct, maintain, and exclusively use facilities at the location. This should include a lease agreement, if one is in place.* |

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| **SECTION 4 Suitability of the proposed location**  |
| Describe why you believe the proposed new/additional site will be located at a suitable location to conduct the proposed authorised activities. *The response may include the zoning for the land, and the appropriateness of the site with regard to council and state regulation. Include details of nearby businesses, schools and other facilities, in particular, details of any sensitive or vulnerable populations that may be in the vicinity.* |
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| ***Document requirement*** - Provide evidence that the local government authority is aware that the licence holder intends to conduct the proposed activities at the chosen location. |
| Are there any other businesses co-located within the proposed location?  | Yes [ ]  | No [ ]  |
| If yes, provide details on these businesses as well as details on the measures that will be in place to ensure that the businesses remain separated. |
|       |
| Apart from other businesses, are there any other activities that occur at the location that are not related to the activities authorised by the licence? *If yes, provide details below* | Yes [ ]  | No [ ]  |
|       |
| ***Document requirement*** - Provide a satellite image of the site. Indicate on the image where the premises will be positioned at the location, and where the location is in relation to infrastructure and other properties or businesses. |
|        |
| Are there any existing buildings on the proposed location? | Yes [ ]  | No [ ]  | Partial [ ]  |
| If yes, will all existing buildings be used to undertake authorised activities? | Yes [ ]  | No [ ]  |
| Identify the intended use of each existing building and indicate each building on a site plan. |
|       |
| If any of the existing buildings identified above include residences, advise who resides within the residence/s and the measures that will be put in place to control residents’ access to areas within the site where cannabis is located. |
|       |
| Will the buildings where the licence holder intends to conduct authorised activities need to be constructed or fitted out, should the proposed variation be granted?  | Yes [ ]  | No [ ]  |
| ***Document requirement*** *- If yes, provide evidence and a break down of the projected costs of the construction and/or fit out.*  |
| ***Document requirement*** *- Provide a site plan and security overlay showing how the land will be used for the proposed activities.**Indicate where any other businesses/ activities (if any) will be conducted if occurring on the same site.* *Ensure the site plan is clearly labelled and displays the following:*1. *The boundary of the proposed site*
2. *All buildings/ structures that are/ will be on the site*
3. *All entrances/ exits and point of access to the site*
4. *Any fencing or physical barriers*
5. *Any cultivation areas, indicating indoor/ outdoor, low or high THC as appropriate*
6. *Areas where different authorised activities will take place*
7. *External access controls, and any security equipment such as CCTV cameras, motion sensors, etc.*
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| Does the licence holder hold a State/Territory licence to cultivate industrial hemp or manufacture narcotic drugs?***Document requirement*** *- If yes, provide a copy of the relevant state/territory licence* | Yes [ ]  | No [ ]  |

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| **SECTION 5 Physical Security** |
| Provide details of the premises and facilities at (or to be constructed at) the location. Include information about building and room usage and construction materials. |
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| ***Document requirement*** *- Provide a detailed floor plan/s of the facilities at the new/additional location where activities to be authorised by the licence will be undertaken. Ensure the floor plans are clearly labelled, contain a scale, and display the following:*1. *All entry and exit points*
2. *All rooms/areas clearly named detailing:*
	* *unique individual names for each room/area (eg. Flower Room 1, Flower Room 2, Flower Room 3 etc.) within each building/structure (including toilets and break rooms);*
	* *Total area in m2 for each of the cultivation rooms/areas and storage rooms/areas;*
3. *Vault/ storage areas*
4. *All internal doors*
5. *All external doors and windows*
6. *Internal walls*
7. *A security overlay showing all security measures and where they are to be located such as CCTV cameras, motion sensors, all access controls etc.*
8. *A legend.*
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| **EXTERNAL PERIMETER**Provide details of any security measures that will be in place around the external perimeter, that will ensure the physical security of the cannabis plants or cannabis drugs. Include details on the below security measures: |
| Perimeter fence or barrier including construction material and height:      |
| Gate to access site including construction material and height:      |
| Any other equipment to monitor and control access:      |
| ***Note -*** *where possible, the above external perimeter details must be reflected on the site plan and security overlay.* |
| **SECONDARY BARRIERS**Provide details of the security measures that will be in place within the secondary barriers that will ensure the physical security of the cannabis plants or cannabis drugs. Include details on the below security measures: |
| Construction of the facility or secondary barrier (if the secondary barrier is a second fence, provide height):      |
| How many external doors and how are they secured:      |
| How many windows and how are they secured:      |
| ***Note*** *- where possible, the above secondary barrier details must be reflected on the floor plan and security overlay.* |
| **TERTIARY BARRIERS OR MEASURES**Provide details of the tertiary barriers (security measures or equipment) that will be in place within the facility that will ensure the physical security of the cannabis plants or cannabis drugs including the type and number of each security measure. |
|       |
| **STORAGE**Outline of the security arrangements that will be in place to ensure that all cannabis materials will be securely stored including the type and number of each security measure.  |
| ***Note*** *- where possible, the above tertiary barriers details must be reflected on the floor plan and security overlay.* |
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| What is the capacity of the vault/ safe?  |       m3 |
| What is the maximum capacity of areas that will be used for cannabis waste?  |       m3 |

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| **SECTION 6 Safety and security of supply, delivery and transportation**  |
| Provide details of the measures that will be in place to ensure the safety and security of the supply, delivery and transportation of cannabis plants or cannabis drugs. |
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| Outline the intended arrangements that will be in place to ensure secure disposal/destruction of cannabis plants or cannabis drugs. |
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| **SECTION 7 Loss/theft mitigation**  |
| Outline the arrangements that will be in place to detect the loss/theft of cannabis plants or cannabis drugs. |
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| ***Document requirement*** *- Provide at least one policy document or standard operating procedure that deals with the following matters:*1. *The measures to be used to prevent unauthorised access (physical and electronic);*
2. *The equipment to be used to prevent, monitor, detect and record unauthorised access; and*
3. *The measures to be used for physical security at the location.*
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| **SECTION 8 Arrangements with emergency services** |
| Provide details on how the licence holder intends to establish arrangements with emergency services to deal with loss, theft, spoilage, disposal and destruction of cannabis plants or cannabis drugs at the new/additional location. |
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| **SECTION 9 Fit and Proper Person (Financial information)** |
| Provide details and evidence that the licence holder continues to have a sound and stable financial background and is not in financial circumstances that may significantly limit its capacity to comply with its obligations under a licence. To satisfy the delegate, financial information that demonstrates the ability of the person/body corporate to comply with its obligations under a licence must be provided. This can include:1. a recent bank statement that includes transactions for a period of six months
2. a list of the licence holder’s assets
3. forecast costs for site preparation and business investments
4. any agreements that may be in place with financial institutions, investors or officeholders for funding, e.g. a signed loan agreement from a bank or finance company, or a signed letter of commitment from an investor indicating how much funding they are prepared to provide to the licence holder and in what circumstances.
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| **SECTION 10 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:**  |

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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