



Industrial Hemp Without Use Licence

Misuse of Drugs (Cannabis) Regulations 2020 Part 2

Details of the Applicant Company

This form should be completed by a company wishing to apply to the GSC for an Industrial Hemp Without use Licence in accordance with the Misuse of Drugs (Cannabis) Regulations 2020 Part 2.

This form should be completed in conjunction with the [guidance notes](#) and [integrity guidance](#).

The application must be accompanied by a business plan which includes full details of the route to market.

On receipt of a complete application (see appendix A for the checklist) the GSC will process the application. The information supplied to the GSC must be accurate, and any changes to it must be communicated to the GSC as they occur. Inaccuracies may affect the processing of an application and undeclared changes may affect the final licence issue.

1. Application

I would like to apply for Industrial Hemp Licence Without Use

Y

Are you applying as an individual or a company?

Individual

Company

Is this your first application of this type

Y

N

If No please provide the expiry date of your current/previous licence and licence number

DD/MM/YYYY

Licence Number

2. Nominated Contact Person

Please provide the details of the individual designated as the main point of contact for this application. All correspondence from the Commission during the application process will be directed to this contact.

Full Name

Relationship to Applicant Company

If you work for a Corporate Service Provider state the Company name here

Address

Contact Number

E-mail Address

3. Responsible Person and Other Key Persons

Provide the name of any individuals involved in this application responsible for the following areas. Each person must fill in a Personal Declaration Form.

Responsible Role	Name	Personal Declaration Form Provided
Responsible Person		Y / N
Authorised Witness		Y / N
Person in Charge		Y / N
Person Responsible for Legal Compliance		Y / N
Company Director		Y / N
Shareholder with more than or equal to 5% (Private Company)		Y / N
Shareholder with more than or equal to 20% (public company)		Y / N
Investor		Y / N
Trustee (arrangement that confers ownership or financial privilege)		Y / N

4. Applicant Company Details

(Applicant Company must be an IOM registered entity)

Company Name

Company Type

Address (including postcode)

Email

Telephone Mobile

Company Registration No.

Date of incorporation

Provide the following documents for the applicant business:

- Certificate of Incorporation – certified if a copy
- Group and Applicant Company structure chart (including shareholding percentages of the applicant company)
- Register of Directors and Shareholders
- Details of how the business start up and running costs will be funded
- Details as to the source of wealth for any funding
- 3 - year financial projection and sensitivity analysis

5. Shareholding of the Applicant Company

If a nominee company or trust holds any of the shareholding, details of the beneficial owner must be provided

Please list the name and shareholding details of all shareholders with equal or more than 5 % (private company) and shareholders with equal to or more than 20% (public company)

5.1 Total Issued Share Capital (number)

Made up of:

Name	Type of Share	Number of Shares	Total Value	Paid up Value

5.2 Number of Shareholders with 5% or less of the issued share capital of the Applicant Company

6. Other Licences

Provide details of any other licences held by the applicant or applicant business/ organisation current or previous.

7. Activity

A business plan should be included with the application that provides further detail on this section

Provide a brief description of the activity to be carried out under the licence, include

This is a high level overview, further details should be provided in the business plan

- Planting and harvesting schedules
- Route to market (customer and end product details)
- How the final product is produced and information on any third parties that may be used to provide services under the licence.
- How the active part of the plant will be destroyed
- An outline of business funding and expected financial return

8. Area for Cultivation

Provide a description and outline of the area to be used for cultivation of Industrial Hemp, the size and details about cultivars.

Address(es) of proposed growing area/premises

OS grid reference(s)

Proposed total acreage

Number of fields/premises

List of seeds to be used and details of suppliers

Include a plan of the area/premises to be used for cultivation with this application (include in the business plan as much detail as possible including access, any storage facilities and relevant nearby features such as residential areas, main roads, pedestrian areas, areas of cultural interest, schools etc.

Do you own the area/premises to be used for cultivation? Y N

If **Yes** include proof of ownership

If **No** include proof of permission to utilise the area/premises for cultivation (for instance a leasing agreement) and details of the owner of the proposed area/premises

Full Name	<input type="text"/>
Address (including postcode)	<input type="text"/> <input type="text"/>
Area/premises address and OS reference	<input type="text"/> <input type="text"/> <input type="text"/>
Contact Number	<input type="text"/>

Full Name	<input type="text"/>
Address (including postcode)	<input type="text"/> <input type="text"/>
Area/premises address and OS reference	<input type="text"/> <input type="text"/> <input type="text"/>
Contact Number	<input type="text"/>

9. Background information to the applicant company

If the answer to any of the below questions in this part is YES, please provide full details on a separate sheet

Has the applicant company ever been:

Convicted of any offence	Y / N
Cautioned for any offence	Y / N
The subject of any recorded judgement	Y / N
The subject of any litigation	Y / N
The subject of an investigation by law enforcement or any other statutory, regulatory or government body	Y / N
Is the applicant company the subject of any current investigation or enquiry by law enforcement or any other statutory, regulatory or government body	Y / N
Is the applicant company part of a wider group of companies or any other style of corporate structure <i>If the answer to this question is "yes", please complete the application form "Details of Ultimate Parent Company"</i>	Y / N

Declaration

The applicant company applies to the GSC for a licence under section 4 of the Misuse of Drugs (Cannabis) Regulations 2020.

- I confirm that I am a person holding a Key Person role in the applicant company and I am authorised to apply on behalf of a company.
- I declare that to the best of my knowledge the information in this form is accurate.
- I understand that the company has an obligation to inform the GSC of any changes after submission of this application which is material to this application.
- I confirm that all parties that will be associated to the licence are over 18 years of age.
- I understand that any breaches of licence conditions may result in the seizure or destruction of any material containing controlled drugs.
- I understand that other authorities or bodies' permissions may be integral to my business model and these have been anticipated
- I agree to comply with all licence conditions and understand that the Key Persons associated with the licence will be held responsible for any breaches of those conditions, which could lead to the suspension or revocation of the licence

- I understand that the information provided in this application will be used to assess the suitability of the company for a licence and some of the information may be shared with third parties in order to do this – further details can be located in the GSC [Integrity Guidance](#) and schedule 2 of the Misuse of Drugs (Cannabis Licences) (Data Processing) Regulations 2022.
- I understand my data will be held and processed by the GSC in accordance with its legal obligation as the licensing authority. Further information relating to retention of records can be found in the GSC [Privacy Notice](#)
- I am familiar with the GSC [Integrity Guidance](#) and [Privacy Notice](#)

Signature of the Person Submitting this Form

Name of the Person Submitting this Form (print)

Date of Signature

Appendix A: Fees and Checklist

The following fees are payable upon licence approval

- Fees

Industrial Hemp Licence Without Use (Year 1)	£500
Industrial Hemp Licence Without Use (renewal)	£250

Please ensure you have filled in all relevant sections and enclosed the following with this application:

- Personal Declaration forms for Key Persons
- Applicant Company's Certified Certificate of Incorporation
- Group and Applicant Company structure chart (including shareholding percentages of the applicant company)
- Register of Shareholders of the applicant company
- 3 - year financial projection and sensitivity analysis
- Site Plan including security specifications (including an assessment of threats and mitigations)
- Evidence of ownership of/permission to use the proposed area (i.e. deeds or rental agreements)
- Business Plan
- Register of Directors
- Certified Memorandum and Articles of Association

Declarations – Nominated Contact

Only to be completed by a nominated contact where there is one

- I fulfil the following roles in relation to the applicant/Licence holder named at Section 2
 - Nominated Contact
- I have been authorised by the Responsible Person to act as a contact point for application, licensing and supervision matters by the GSC
- I understand my data will be held and processed by the GSC in accordance with its regulatory functions and obligations. Further information relating to retention of records can be found in the GSC [Privacy Notice](#)
- I am familiar with the GSC [Integrity Guidance](#) and [Privacy Notice](#)
- The GSC may on occasion be required to share information with 3rd parties to carry out its functions as the Isle of Man Licensing Authority.
- Further information on data processing and information sharing can be found on the GSC [Privacy Notice](#).

Signature of the Person Submitting this Form

Name of the Person Submitting this Form (print)

Date of Signature

I, the Responsible Person, declare the individual named above has been authorised on behalf of the licence holder/applicant as a nominated point of contact

Signature of the Responsible Person

Name of the Responsible Person (print)

Date of Signature



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