



Transport and Storage 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 a Transport and or Storage Licence in accordance with the Misuse of Drugs (Cannabis) Regulations 2020 Part 2.

This form should be completed in conjunction with the <u>guidance notes</u> and <u>integrity guidance</u>.

The application must be accompanied by a business plan.

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.



I would like to apply for a Class 5 Transport and Storage Licence Is this your first application of this type? 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	1. Application		
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Applicant Company If you work for a Corporate Service Provider state the Company name here Address	Full Name		
If you work for a Corporate Service Provider state the Company name here Address			
Corporate Service Provider state the Company name here Address	Applicant Company		
Provider state the Company name here Address			
Address			
	Company name here		
Contact Number	Address		
Contact Number			
Contact Number			
	Contact Number		
F-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
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 o	locuments for the app	olicant business:	
Certificate of Inco	rporation – certified if	a copy	
Group and Applica	ant Company structui	re chart (including shareholding percentages of the	
applicant compan	y)		
Register of Directo	ors and Shareholders		
Details of how the	business start up and	d running costs will be funded	
Details as to the s	ource of wealth for ar	ny funding	
2 - year financial r	projection and sensitiv	vity 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 Comp	

o. Other Licences
Provide details of any other licences held by the applicant or applicant business/ organisation and licensing history
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
 Size and nature of transport activity Vehicle, storage location and security details Third parties involved in the business activity



8. Background information to the applicant company

If the answer to any of the below questions in this part is yes, the GSC will discuss this separately as detailed in the integrity guidance.

Has the applicant company ever been:

Y/N
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 <u>Integrity Guidance</u> 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 <u>Privacy Notice</u>
- I am familiar with the GSC <u>Integrity Guidance</u> and <u>Privacy Notice</u>

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

Class 5 Transport & Storage (Year 1) £5,250

Class 5 Transport & Storage (after year 1) £2,625

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
Business Plan
Register of Directors
Certified Memorandum and Articles of Association
3 – year financial projections
Site plan and security specifications (including an assessment of threats and mitigations)

Declarations - Nominated Contact

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

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• 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 <u>Privacy Notice</u>
I am familiar with the GSC <u>Integrity Guidance</u> and <u>Privacy Notice</u>
 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 <u>Privacy Notice</u>.
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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