



Application form for High THC Cultivation Application and Licensing

Information

All relevant sections of this form must be completed and clearly legible for the GSC to accept an application for a licence to cultivate High THC Cannabis. Applicants must include any additional documents required as listed at the end of the form under Fees and Documents. Failure to provide any documents or complete the form may delay an application. Information on how to fill out this form is contained in High THC Cannabis Cultivation Application and Licensing Guidance.

A Licence fee is payable as outlined at Fees and Documents and, no licence will be issued until full payment has been received. Any application must be accompanied by an overview of the applicant's route to market. On receipt of a full application the GSC will undertake to process the application. Any licence issued on the basis of the information provided at application is on the understanding that true and accurate information has been provided. If any adverse or contrary information is discovered the GSC will seek to take action, which may result in any issued licences being revoked.

Information provided in this application will be used by the GSC to carry out checks to ensure the fitness and propriety of applicants to hold a licence. That information will be shared with third parties and other agencies and by completing this application you consent to the sharing of any data provided.

Applications can only be accepted by post or by hand and must contain original signatures, if you require a more accessible version of the form then please email canna@gov.im with your request. Completed applications and supporting documents can be sent to—

Cannabis Licensing and Supervision Team
Isle of Man GSC
Ground Floor, St George's Court
Myrtle Street, Douglas
Isle of Man, IM1 1ED.

1. Application

I would like to apply for a Class 3 indoor cultivation (female only) ☐ Y ☐

Licence I would like to apply for a Class 4 indoor cultivation for research (female & male) Licence ☐ Y ☐

Application includes a Route to Market Plan ☐ Y ☐

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. Responsible Person Details

Please fill this in as the individual as authorised on behalf of the applicant business/ organisation. The person filling in this section will be the responsible licence holder and is required to be an Isle of Man resident.

Full Name

Email

Telephone

3. Other Key Persons

Provide the name of any individuals involved in this application responsible for the following areas if not the main applicant. Each person must fill in a Personal Declaration Form. For more information on these roles see Can01b Cannabis Cultivation Application and Licensing Guidance.

Responsible Role	Name	Personal Declaration Form Provided
Security		Y / N
Compliance		Y / N
Finance		Y / N
Nominated Contact		Y / N.

4. Applicant Business Details

(Applicant Businesses must be an IOM registered entity)

Business Name

Business Type

Address

(including postcode)

Email

Telephone

Mobile

Company Registration No.

Provide the following documents for the applicant business:

- ☐ A copy of the Certificate of Incorporation
- ☐ Group structure chart (including shareholding percentages of the applicant company) Register of 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

Details of on-Island Directors of Applicant Business (minimum of two on-Island directors)

Full name

Date of appointment

Details of Beneficial Owner(s), Directors, Trustees, and Shareholders of Applicant Business

Full name

Role (Owner, Shareholder, Director, Trustee)

Shareholding %

For beneficial owners, directors of the applicant company and any shareholders with more than a 20% shareholding please provide Personal Declaration forms. If you are unsure who should fill in a form please refer to Guidance for High THC Cannabis Cultivation Application and Licensing. The GSC may seek further information on other individuals or companies in the group where required.

5. Other Licences

Provide details of any other licences held by the applicant or applicant business/organisation and licensing history.

6. Activity

(A business plan should be included with the application that provides further detail on Sections 6 and 7)

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

- Planting and harvesting schedules
- Route to market (customer and end product details)
- Any research activity
- How the final product is produced and information on any third parties that may be used to provide services under the licence.

7. Security and Record Keeping

Provide a brief overview of site security and record keeping processes including-

- Site access and security measures;
- Measures taken to prohibit male plants;
- Pest management;
- Destruction of waste materials;
- Recording of adverse incidents e.g. thefts or losses;
- General record keeping processes (i.e. deliveries, site access, stock checks, etc.);
- Suppliers and dispatch records;
- Cultivation statistical returns.

Include copies of any relevant standard operating procedures for the above processes and include full detail in a business plan.

Declaration

- I am applying for this licence or 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 am over 18 years of age
- I am a resident of the Isle of Man
- I understand that any breaches of licence conditions may result in a destruction order on any crop grown or material harvested under the licence
- I understand that any application for a licence may be subject to other stakeholder approval
- I have declared any convictions, spent or unspent
- I understand that any undeclared convictions or sanctions may indicate a lack of integrity and the revocation of any licence issued by the GSC which could lead to criminal prosecution
- I agree to abide by all licence conditions and will be held responsible for any breaches of those conditions which could lead to the suspension or revocation of any licence issued by the GSC
- I understand that the information I provide will be used to assess my fitness and propriety and my data will be shared with third parties in order to do this
- I understand my data will be held and processed by the GSC in accordance with its regulatory functions.

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 3 Indoor High THC Cannabis Cultivation Male Only (Year1)	£45,000
Class 3 Indoor High THC Cannabis Cultivation Male Only (After Year 1)	£35,000
Class 4 Indoor High THC Cannabis Research Cultivation Male and Female (Year 1)	£20,000
Class 4 Indoor High THC Cannabis Research Cultivation Male and Female (After Year 1)	£12,000

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

- ☐ Personal Declaration forms for Key Persons
- ☐ Two forms of ID and proof of address for Key Persons
- ☐ Applicant company's Certificate of Incorporation
- ☐ Group structure chart (including shareholding percentages of the applicant company)
- ☐ Register of Shareholders of the applicant company
- ☐ Three year financial projection and sensitivity analysis
- ☐ Site Plan
- ☐ Evidence of ownership of/permission to use the proposed area (i.e deeds or rental agreements)
- ☐ Business Plan
- ☐ Standard Operating Procedures for record keeping, cultivation and security
- ☐ Register of Directors
- ☐ Memorandum and Articles of Association

Declarations – Nominated Contact

- I fulfil the following roles in relation to the Applicant/Licence Holder named at Section 1
☐ 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

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



Ground Floor | St George's Court | Myrtle Street | Douglas | Isle of Man | IM1 1ED

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