



Health
Canada

Santé
Canada

Canada

INDUSTRIAL HEMP LICENCE APPLICATION

* PROTECTED *

Has applicant been previously licenced or authorized under the Industrial Hemp Regulations? Yes No File # _____

Application for Individual Corporation Cooperative Partnership

1. CORPORATION, COOPERATIVE OR PARTNERSHIP INFORMATION (if applicable)

Registered Name (if not an individual)

Mailing Address (if different from contact information below)

ADMINISTRATION
USE ONLY

2. APPLICANT OR COMPANY CONTACT INFORMATION

Mr. Mrs. Surname
 Ms. Miss

Date of Birth Day / Month /Year
/ /

First Given Name

Second Given Name

Indicate Sex
 Male Female

Mailing Address

Telephone Number Ext:
() ()

City/Town

P.O. Box

Facsimile Number (if applicable)
()

Province

Postal Code
| | - | |

Language Preference.
 English French

Electronic Mail Address (if applicable)

INFORMATION ON OFFICERS, DIRECTORS AND/OR PARTNERS IF APPLICABLE. (Use schedule 6 and attach)

3. POLICE CRIMINAL RECORD CHECK

Police Criminal Record Document Original is attached Being forwarded directly by Police by fax and/or mail

4. ACTIVITIES FOR WHICH APPROPRIATE SCHEDULES MUST BE ATTACHED

Check below all that apply and complete application form for each activity

- Cultivation (Schedule 1) Import (Schedule 2) Export (Schedule 3) Processing (Schedule 4)
 Distribution (Schedule 5) Information on Officers, Directors and/or Partners (Schedule 6)
 Breeder Licence (Schedule 7) Viability Testing Lab (Schedule 8) Possession (Schedule 9) Derivative (Schedule 10)

5. APPLICATION CERTIFICATION

I, being the applicant or, *in the case where the applicant is a corporation, cooperative or partnership*, being one of its officers, directors or partners, as the case may be, indicate by signing below that:

- I have read and understand the security measures required by these Regulations in respect of the activity for which a licence or authorization is requested and state that I or, *in the case of an applicant corporation, cooperative or partnership*, the applicant, will meet these requirements; and
- All information and documents submitted in support of this application, including the information submitted on the Schedules attached, are correct and complete to the best of my knowledge.

Signature _____ Date _____

Printed Name _____

Date Received

Record ID

File Number