

Application Form
Form 1

1. THE MEDICINAL CANNABIS INDUSTRY ACT 2020
THE MEDICINAL CANNABIS (LICENSING) REGULATIONS, 2021

MEDICINAL CANNABIS AUTHORITY

2. LICENCE APPLICATION FORM

Instructions to Applicant *(Please also consult the Instructions for Completing the Forms and Application Procedure Checklist set out in the Appendix hereto)*

1. Please read the form carefully and complete in BLOCK CAPITALS.
2. A separate application is required for each licence being applied for.
3. Each licence will be only applicable to the particular premises for which it is issued.
4. Individuals may apply for cultivation licences only. However, a registered sole trader may apply for any of the licences.
5. In completing this form, please note that:
 - a. Sections A, D, E and F should be completed by all applicants;
 - b. Section B should be completed by individuals and sole traders only;
 - c. Section C should be completed by companies and other businesses; and
 - d. Section F which consists of the Authorisation for Background Checks and the Final Declaration must both be signed.
6. Kindly initial the bottom of each page.

SECTION A: TYPE OF LICENCE

1. ALL applicants should complete this section

TYPE OF LICENCE		
• Cultivation (Class A) (Less than 1 acre)	• Traditional Cultivator	
• Cultivation (Class B) (1-5 acres)	• Retail (Dispensing/ Pharmacy)	• Research
• Cultivation (Class C) (Over 5 acres)	• Transportation	• Import
• Laboratory	• Processor	• Export
• Lounge		
Please indicate whether this is your first application or if you are applying for a renewal:		
• First-time Applicant (If you have ticked this box, please move to the next section)		
• Application for Renewal		
• Current Licence Holder, type:		
• The date of application (MM-YYYY)		
• Licence type:		
• Applied previously, and application not approved, please indicate:		
• The date of application (MM-YYYY)		
• Licence Type:		

SECTION B: INDIVIDUAL INFORMATION

**2. Complete this section only if you are an Individual or Sole Trader
(If sole trader please attach copy of Registration of Business Name Certificate)**

SURNAME	FIRST NAME	MIDDLE NAME	
OTHER NAMES (IF APPLICABLE)	MAIDEN NAME (IF APPLICABLE)	MOTHER'S MAIDEN NAME	
GENDER • MALE • FEMALE	MARITAL STATUS • SINGLE • MARRIED • WIDOWED	DATE OF BIRTH (DD-MM-YYYY)	
PLACE OF BIRTH (TOWN, COUNTRY)	NATIONALITY	LENGTH OF TIME LIVING IN SAINT KITTS AND NEVIS (IN YEARS):	
IDENTIFICATION 1 #:		IDENTIFICATION 2 #:	
TYPE: <input type="checkbox"/> DRIVER'S LICENCE <input type="checkbox"/> PASSPORT <input type="checkbox"/> NATIONAL IDENTIFICATION CARD		TYPE: <input type="checkbox"/> DRIVER'S LICENCE <input type="checkbox"/> PASSPORT <input type="checkbox"/> NATIONAL IDENTIFICATION CARD	
PERMANENT ADDRESS		MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	
ADDRESS OF PREMISES BEING LICENCED (IF APPLICABLE)			
CONTACT	(HOME)	(WORK)	(MOBILE)
EMAIL ADDRESS (ES)			

SECTION C: COMPANY/BUSINESS INFORMATION

3. Complete this section only if you are a Business or Company, including Cooperative (Please attach copy of Articles of Incorporation and Registration Certificate of Company)

NAME OF COMPANY/BUSINESS		
REGISTERED ADDRESS		
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
ADDRESS OF PREMISES BEING LICENCED (IF APPLICABLE)		
TYPE OF COMPANY/BUSINESS: <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> FRIENDLY SOCIETY		REGISTRATION NUMBER
CONTACT NUMBER (S) HOME: MOBILE: WORK:		EMAIL ADDRESS (ES)
AUTHORISED AGENT:		
SURNAME	FIRST NAME	MIDDLE NAME
POSITION	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (DD-MM-YYYY)
CONTACT NUMBER (S) HOME: MOBILE: WORK:		EMAIL ADDRESS (ES)

SECTION D: GENERAL DECLARATIONS

4. All applicants should complete all the questions in this section

If necessary, please use a supplementary sheet to provide all of the required information

1. Are you, any of your Directors or any of your employees under the age of eighteen (18)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you the titled owner of the premises being licenced (land, buildings or vehicle)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, state the name of the legal (titled) owner of the property and provide a copy of title and complete Form 3 (Consent of Property Owner).
3. Have you, any of your Directors, your parent company or any related entity ever applied for a licence to handle medicinal cannabis or medicinal cannabis products in any other jurisdiction (whether or not the licence was issued)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state jurisdiction and type of licence: _____ _____ _____ Status: <input type="checkbox"/> Current <input type="checkbox"/> Denied <input type="checkbox"/> Being processed <input type="checkbox"/> Issued, but then Revoked/Suspended
4. Have you, any of your Directors, your parent company or any related entity ever applied for a casino or racing licence in any other jurisdiction (whether or not the licence was issued)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state jurisdiction and type of licence: _____ _____ _____ Status: <input type="checkbox"/> Current <input type="checkbox"/> Denied <input type="checkbox"/> Being processed <input type="checkbox"/> Issued, but then Revoked/Suspended
5. Have you or any of your Directors ever been convicted of any serious offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state jurisdiction, type of crime and sentence dates or penalties paid, if any: _____ _____
6. Is the location of your property/facility within 600 metres of any of the following? (Tick all that apply)	<input type="checkbox"/> Schools/Colleges <input type="checkbox"/> Childcare centres <input type="checkbox"/> Playground <input type="checkbox"/> Community Centre <input type="checkbox"/> Library <input type="checkbox"/> Place of Worship
7. Please state the name(s) of the beneficial owner(s) of the company.	_____ _____
8. Please name parent company (ies) and any related entity (ies) (if applicable).	_____ _____

SECTION E: STATEMENT OF FINANCIAL HISTORY

5. All applicants should complete all the questions in this section.

Please attach supporting documents for all questions to which you have answered "Yes".

1. Are you, your Directors, your parent company or any related entity delinquent in the payment of any judgments or tax liabilities due to any governmental agency anywhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you, any of your Directors, your parent company or any related entity filed a bankruptcy petition in the past 5 years, or had such a petition filed against it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you, any of your Directors, your parent company or any related entity ever been a party to any business trust instrument?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of any financial or trade regulation ever been filed or entered against you, any of your Directors, your parent company or any related entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you, any of your Directors, your parent company or any related entity been a party to a lawsuit in the past 5 years, either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you, any of your Directors, your parent company or any related entity completed financial statements, either audited or unaudited, in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Attach a list detailing the operating and investment accounts for this business, including financial institution name, address, telephone number, and account number for each account.

8. Attach a list detailing each outstanding loan and financial obligation obtained for use in this business, including creditor name, address, phone number, loan number, loan amount, loan terms, data acquired, and date due.

SECTION F: AUTHORISATION FOR BACKGROUND CHECKS

6. All applicants must sign this section for their application to be processed.

Please READ CAREFULLY and sign to give consent.

I, _____, hereby authorise the Medicinal Cannabis Authority, or its duly authorised representative, to validate the accuracy of the information provided in connection with this application for a licence. I understand that the Medicinal Cannabis Authority may utilise independent agencies to assist in checking such information, and I specifically authorise such an investigation by information services and outside entities of the Medicinal Cannabis Authority's choice. I also understand that by not signing, I am withholding my permission and that in such a case, no investigation will be done, and my application for a licence will not be processed.

Signature

FINAL DECLARATION

1. All applicants must sign this section for their application to be processed.

I, _____, declare that this form and all the attachments, statements, disclosures and supporting documents are true and correct to the best of my knowledge and belief. I further declare that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a licence by the Medicinal Cannabis Authority, and that where, after the issue of a licence, a statement made in connection with the applicant is found to be false, the licence may be revoked.

Position

Signature

Date

SCHEDULE XV

(Regulation 145)

Supplemental Information for Licence Application Form

Please respond ONLY to the specific sub-form related to the licence for which you are applying.

SUB-FORM A: CULTIVATION LICENCE/ TRADITIONAL CULTIVATOR LICENCE (AS APPLICABLE)	
1. What is the size of the property (in acreage)?	
2. What is the anticipated crop yield (kg/square metre per harvest)?	
3. How long is each crop expected to take to harvest?	
4. What type of cannabis will you be growing?	<input type="checkbox"/> Cannabis Sativa <input type="checkbox"/> Cannabis Indica <input type="checkbox"/> Cannabis Ruderalis <input type="checkbox"/> Hybrid Composition
5. How will the crop be grown?	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Greenhouse <input type="checkbox"/> Hydroponics <input type="checkbox"/> Other, please specify: _____
6. For what type of use are you cultivating? (Tick all that apply)	<input type="checkbox"/> Export <input type="checkbox"/> Manufacturing <input type="checkbox"/> Dispensing <input type="checkbox"/> Research
7. Do you have a buyer (s), or have you started discussions or entered into any preliminary agreement with an entity (ies) to purchase your crop? If you are also applying for a licence to process your own product, please tick YES.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of person or company and the status of the agreement (confirmed, in-process, etc.): _____ Estimated Quantity to be purchased (Attach agreement if finalised)
8. Please provide a detailed description of the transportation process you intend to use in accordance with Subpart III G.	

SUB-FORM B: LOUNGE	
1. What Cannabis items do you intend to sell? (Please attach list if necessary)	
2. Have you started discussions with an entity/entities to purchase products? (Please attach list if necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of person (s) or company (ies):
3. Do you intend to sell other non-cannabis items on the same premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach list of items

SUB-FORM C: MANUFACTURING LICENCE	
1. (a) What is the size of the property (in square metres)? (b) Please include diagram of the premises in accordance with Regulation 26(a) (vi).	Indoor: _____ Outdoor: _____ <input type="checkbox"/> Tick if diagram or plan is attached

2. What medicinal cannabis products are you intending to manufacture? (Please attach list of products)	
(a) Have you started discussions with an entity (ies) to sell your products? (Please attach list or agreement, if necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of person(s) or company (ies): _____ _____ _____
(b) Do you propose to use a registered trade mark or patent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Owned <input type="checkbox"/> Used under Licence

Is it owned or being used under a licence? (Please attach a copy of the trade mark or patent as registered).	
(c) Provide description of the procedures specified in <i>Regulation 26(a) (vii), (vii), (ix), (x) and (xi)</i> where necessary. (Please attach documents, as applicable).	
(d) Provide detailed description of the transportation process you intend to use in accordance with Subpart III G.	

SUB-FORM D: DISPENSING LICENCE	
1. What Cannabis items do you intend to sell? (Please attach list if necessary)	
2. Have you started discussions with an entity/entities to purchase products? (Please attach list if necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of person(s) or company (ies): _____ _____
3. Do you intend to sell other non-cannabis items on the same premises	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach list of items.

SUB-FORM E: IMPORT/EXPORT LICENCE		
1. Reason for import/export (for example, sale, manufacture, research):		
2. Please attach copies of relevant licences and (if required) evidence that the licence has been renewed or renewal is in process.		
Details of licence	Licence No.	Expiry Date
3. Shipping agents or Broker agents in Saint Kitts- Nevis.		
Name	Address	Service provided

Storage and security ALL sections must be completed (include addition pages if required)	
Storage address:	
(If you do not take possession of any - or certain - drugs at your premises, please specify)	
Date of last security report:	Provided by:
Date of last inspection by Medicinal Cannabis Authority:	Provided by:
4. Description of security measures	
Secure storage (for example, vault or safe):	
Access method to secure storage:	
Building security and access control:	
Transport process in accordance with Sub-part III G:	
Details of any losses and/or thefts of medicinal cannabis/medicinal cannabis products (include where applicable, medicinal product name, amount, storage address, date, outcome and any security modifications). Attach extra pages if more space is required.	

5. Please provide the relevant information and documents required as per regulation 34 or 41, where applicable, in relation to the country of exporter/ importer (as applicable) all required documents must be certified by a Notary Public in the country of export/import and attached.		
6. Proposed Authorised Contacts Applications for import license or export licence are only accepted from, or discussed with, the licence holder or additional persons who are confirmed as authorised contacts for a specified licence.		
Use this page to specify authorised contacts associated with the licence(s) sought in this application.		
Employee's full name	Position held	Office use only

SUB-FORM G: TRANSPORTATION LICENCE

1. How many vehicles do you wish to be licensed? _____ (Attach list with make, model, year of each vehicle along with licence, engine and chassis number)	
2. Where will the vehicle(s) be routinely parked when not in use?	
3. For what type of use are you transporting? (Tick all that apply)	<input type="checkbox"/> Research & Development <input type="checkbox"/> Manufacturing <input type="checkbox"/> Dispensing <input type="checkbox"/> Export <input type="checkbox"/> Import
4. What type of product do you intend to transport? (Tick all that apply)	<input type="checkbox"/> Raw Material <input type="checkbox"/> Manufactured Products
5. Have you started discussions with an entity to transport their crops? (Attach list if necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of person or company: _____ (Attach list if necessary)
6. Do you intend to transport other non-cannabis items using the same vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach list of items.

DECLARATION

ALL applicants must sign this section for their application to be processed.

I, _____, declare that this form and all the attachments, statements, disclosures and supporting documents are true and correct to the best of my knowledge and belief. I further declare that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a licence by the Medicinal Cannabis Authority, and that where, after the issue of a licence, a statement made in connection with the applicant is found to be false, the licence may be revoked.

Position

Signature

Date

SCHEDULE XVI

Application Form for Occupational Licence (Group)

Please attach Official Police Record for each Employee as well as certified copy of their ID and a photo signed by a JP.

You may use multiple copies of this form if necessary.

EMPLOYEE #1

PERSONAL INFORMATION

SURNAME.....FIRST NAME.....MIDDLE..... Alias.....
D.O.B/...../..... SEX: MALE [] FEMALE [] NATIONALITY.....
DD / MM / YYYY

POSITION/TITLE

PROOF OF IDENTIFICATION

SOCIAL SECURITY [] ID #
DRIVERS LICENCE [] ID #
PASSPORT [] ID #
NATIONAL IDENTIFICATION [] ID #

EMPLOYEE #2

PERSONAL INFORMATION

SURNAME.....FIRST NAME.....MIDDLE..... Alias.....
D.O.B/...../..... SEX: MALE [] FEMALE [] NATIONALITY.....
DD / MM / YYYY

POSITION/TITLE

PROOF OF IDENTIFICATION

SOCIAL SECURITY [] ID #
DRIVERS LICENCE [] ID #
PASSPORT [] ID #
NATIONAL IDENTIFICATION [] ID #

EMPLOYEE #3

PERSONAL INFORMATION

SURNAME.....FIRST NAME.....MIDDLE..... Alias.....

D.O.B/...../..... SEX: MALE [] FEMALE [] NATIONALITY.....
DD / MM / YYYY

POSITION/TITLE

PROOF OF IDENTIFICATION

SOCIAL SECURITY [] ID #

DRIVERS LICENCE [] ID #

PASSPORT [] ID #

NATIONAL IDENTIFICATION [] ID #

NAME OF INDIVIDUAL/BUSINESS/COMPANY:

.....

.....

AUTHORISED AGENT

.....

DATE

SCHEDULE XVII

(Regulation 145)

Consent Form from Property Owner

If the property (land, building, or motor vehicle(s) to be licensed is not owned by the applicant, this form must be completed by the applicant and the declaration signed by the titled owner(s).

Please attach the relevant lease or rental agreement (if applicable)

1. Name of Applicant

2. Type of Property: Land Land with Building(s) Motor Vehicle Retail Space

3. Description of Property (include Volume/Folio and Address or Engine/Chassis No. as appropriate):

.....
.....
.....

4. Description of intended use of property in relation to Cannabis:

.....
.....
.....
.....
.....
.....

FOR SOLE OWNERS

[Please include copy of official identification of the owner certified by a Justice of the Peace]

I,..... declare that
I am the owner of this property and I am fully aware of the intended use of the property as outlined in Section 2
above and freely give my consent for such activities to be conducted on the site.

Address.....

Contact.....

.....
Signature Date

FOR MULTIPLE OWNERS

**(Please include copy of official identification of the owners certified by a Justice of the Peace. Where the
property is owned by a Company, this section is to be signed by all Owners/ Directors, and the Certificate
of Registration attached)**

We,.....
.....
..... declare that we are the owners of this
property and are fully aware of the intended use of the property as outlined in Section 2 (Page 1) above and
freely give our consent for such activities to be conducted on the site.

Owner 1

Address.....

Contact.....

.....
Signature Date

Owner 2

Address.....

Contact.....

.....
Signature

.....
Date

Owner 3

Address.....

Contact.....

.....
Signature

.....
Date

Owner 4

Address.....

Contact.....

.....
Signature

.....
Date

PART I

Application Form

PERSONAL INFORMATION

SURNAME.....FIRST NAME.....MIDDLE..... Alias.....

D.O.B/...../..... SEX: MALE [] FEMALE [] NATIONALITY.....
DD / MM / YYYY

ADDRESS

STREET..... CITY/TOWN.....

CONTACT INFORMATION

HOME # WORK # MOBILE #.....

EMAIL.....

PROOF OF IDENTIFICATION

SOCIAL SECURITY [] ID #

DRIVERS LICENSE [] ID #

PASSPORT [] ID #

NATIONAL IDENTIFICATION [] ID #

IS THE PERIMETER OF YOUR RESIDENCE SECURED BY FENCING OR OTHERWISE?

NONE []

ENTIRELY []

PARTIALLY []

