Health Canada Santé Canada

SCHEDULE 1

LICENCE TO CULTIVATE INDUSTRIAL HEMP

Canada

Industrial Hemp Licence Application must also be submitted.

✷ PROTECTED✷

1. APPLICANT INFORMATION

Surname (if an individual)	First Given Name	Second Given Name	
Registered Name (if not an individual)			
Legal description of the site being licensed (P.O. box not acceptable see Guide)			
Address	City/Town	Province	Postal Code
Address at which the applicant will keep the records, books, electronic data or other documents required by the Regulations (P.O. box not acceptable see Guide)			
Address	City/Town	Province	Postal Code
Address at which the applicant will store only industrial hemp. (P.O. box not acceptable)			
Address	City/Town	Province	Postal Code

ADMINISTRATION USE ONLY

2. ABOUT THE CULTIVATION

Form for which the industrial hemp is to be cultivated **G** Seed for Sowing **G** Grain **G** Fibre

If cultivating for seed, attach a copy of the Proof of Membership in the **Canadian Seed Growers Association**.

Land on which the Industrial Hemp is to be cultivated:

G owned by applicant **G** owned by_____
(Attach statement indicating the owner's consent.)

The name of each approved cultivar to be sown must be listed (See Guide)

Approved Cultivar	Hectares for Seed for Sowing	Hectares for Fibre	Hectares for Viable Grain	Total # of Hectares

ATTACH ADDITIONAL PAGES, IF REQUIRED

A map must be included situating any part of the site cultivated for seed, viable grain, or fibre, and indicating on the map its location within the site. GPS Coordinates must be given.

Cultivation in Previous Year		Cultivation from Two Years Ago	
Licence #	Hectares	Licence #	Hectares

3. LICENCE TO CULTIVATE INDUSTRIAL HEMP - CERTIFICATION

Name of the Person Responsible for ensuring compliance with the Regulations	Title	Telephone # Ext.
		( ) ( )

_____ _____
Signature - Person responsible for ensuring compliance with the Regulations Date