

MINISTRY OF JUSTICE
APPLICATION FOR AN ORDER DECLARING AN EVENT TO BE AN EXEMPT EVENT
 Dangerous Drugs Act, section 7D(8)

APPLICATION #

APPLICANT'S FIRST NAME	MIDDLE NAME	SURNAME
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WHERE THE APPLICANT IS AN ORGANIZATION, STATE THE

NAME OF THE ORGANIZATION:

ADDRESS OF THE ORGANIZATION:

AGE OF THE ORGANIZATION:

(THE PERSON APPLYING ON BEHALF OF THE ORGANIZATION IS STILL REQUIRED TO COMPLETE THE SECTIONS REQUIRING PERSONAL INFORMATION FOR APPLICANTS)

ID TYPE DRIVERS LICENSE <input type="checkbox"/> PASSPORT <input type="checkbox"/> NATIONAL ID <input type="checkbox"/> DATE OF BIRTH	IDENTIFICATION # <hr/> EXPIRATION DATE <hr/> TAX REGISTRATION NUMBER
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STATE THE NAME OF THE EVENT	PROPOSED DATE OF THE EVENT
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STATE THE PURPOSE/S OF THE EVENT (this should clearly set out the nature of the event or observance of the Rastafarian faith and any other purpose/s)

BRIEFLY DESCRIBE THE FORMAT OF THE EVENT (whether fair, concert, booth display, expo, show rooms, etc.)

LOCATION OF EVENT
 (Please also state if it is a building, grounds, building and grounds):

ARE YOU THE SOLE PROMOTER OF THE EVENT?

YES NO

IF NO, STATE THE NAME/S, ADDRESS/ES & OCCUPATION/S OF ALL OTHER PROMOTERS AND SPONSORS.

ESTIMATED NUMBER OF PATRONS/GUESTS

WILL PERSONS UNDER THE AGE OF 18 BE ALLOWED ENTRY?

YES NO

IF YES, PLEASE STATE THE MEASURES THAT WILL BE TAKEN TO PREVENT THE SMOKING OR OTHER USE OF GANJA BY PERSONS UNDER THE AGE OF 18 YEARS

WILL THIS EVENT BENEFIT THE RASTAFARIAN COMMUNITY? YES NO

IF YES, EXPLAIN IN WHAT WAY(S)

WHAT ARE THE PROPOSED CONDITIONS RELATING TO GANJA USE AT THE EVENT (eg. Permitted per person amount; designated smoking and non-smoking sections; any restrictions on usage; etc.)

STATE ANY OTHER CONDITION/S THAT IT IS PROPOSED SHOULD BE APPLICABLE TO THE ORDER BEING APPLIED FOR:

CONTACT DETAILS OF APPLICANT IF DIFFERENT FROM ABOVE

ADDRESS _____

TELEPHONE NUMBER _____ **EMAIL ADDRESS** _____

SIGNATURE OF APPLICANT _____ **DATE** _____

Note: If additional space is required for responses to any of the above, use and sign a separate sheet and attach it to this Form.

Internal Use Only

- Copy of Official Receipt for Fee Paid
- Supporting recommendation from acknowledged leader of the Rastafari community
- Copy of national identification of Applicant and any other promoter(s)
- Copy of letter from Police permitting the event to be held
- Copy of Permit issued by the Parish Council for the event

Name of Officer _____ Officer's Signature _____

Date _____