

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

<b>APPLICATION #</b>
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<b>APPLICANT'S FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>SURNAME</b>
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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)

<b>ID TYPE</b>  DRIVERS LICENSE <input type="checkbox"/>  PASSPORT <input type="checkbox"/>  NATIONAL ID <input type="checkbox"/>  DATE OF BIRTH	<b>IDENTIFICATION #</b>  <hr/> <b>EXPIRATION DATE</b>  <hr/> <b>TAX REGISTRATION NUMBER</b>
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<b>STATE THE NAME OF THE EVENT</b>	<b>PROPOSED DATE OF THE EVENT</b>
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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.*

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**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 \_\_\_\_\_