MINISTRY OF JUSTICE

APPLICATION FOR AN ORDER DECLARING AN EVENT TO BE AN EXEMPT EVENT

Dangerous Drugs Act, section 7D(8)

1.	Name (Individual / Organization):
2.	Address:
3.	Occupation: 4. TRN #:
5.	Email address: 6. Tel #:
7.	Name of event:
8.	Proposed date(s) of event:
9.	Purpose(s) of the event (Please state nature of the celebration or observance of the Rastafarian faith, and any other purpose(s) of the event):
10.	Give a brief description of the nature of the event (fair, concert, booth display, expo, show rooms etc):
11.	Location of the event (Please also state if it is a building, grounds, building and grounds):
12.	Are you the sole promoter or sponsor of the event? If no, please state name(s), address(es) and occupation(s) of all the other promoters and sponsors:
13.	Estimated number of patrons/guests:
14.	Will persons under the age of 18 years be allowed entry? If yes, please state measures that will be taken to prevent the smoking or other use of ganja by persons under the age of 18 years at the event:
15.	Will this event benefit the Rastafarian community? If so, please explain in what way(s):
16.	Proposed conditions relating to ganja use at the event (e.g. permitted per person amount; designated smoking and non-smoking sections; any restrictions on usage; etc):
17.	Proposed conditions relating to ganja being transported to/from the event (e.g. amount permitted perperson; packaging requirements; etc):
18.	Any other condition(s) that it is proposed should be applicable to the Order being applied for:
	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	