



JAMAICA AGRICULTURAL COMMODITIES REGULATORY AUTHORITY

Application for Dealer's Licence [Coffee]

FORM 1A

(Regulation 3)

Note: Please read the following before completing the form.

1. This form shall be completed in triplicate, in block letters and submitted along with the application processing fee and any specified or supplemental information to –

Jamaica Agricultural Commodities Regulatory Authority
1 Willie Henry Drive, P.O. Box 508
Kingston 13
Jamaica, West Indies
Telephone No. (876) 758-1259/ 758-2925
Facsimile: (876) 758-3907
E-mail: www.jacra.org

2. The grant of this licence is subject to the execution of a user Licence Agreement with Coffee Marks limited, a wholly owned subsidiary of the Jamaica Agricultural Commodities Regulatory Authority.
3. In relation to a new application, the completed form shall be accompanied by –
 - (a) documents of incorporation;
 - (b) the business concept;
 - (c) a Banker's reference;
 - (d) a reference from two business associates;
 - (e) a list of the names and qualifications of key personnel of the business (including the CEO/Manager and the Marketing Manager); and
 - (f) such other document(s) that may be required by the Authority.
4. In relation to the renewal of an application, the completed form shall be accompanied by a list of the names and qualifications of key personnel of the business (including the CEO/Manager and the Marketing Manager).
5. Applicants must exhibit a farm or production capacity of at least 6,000 boxes of cherry coffee (evidenced by records or reports of the last three (3) years).
6. A response from the Authority shall be sent to each applicant within seven (7) days of receipt of an application. An incomplete application shall not be logged and/or processed.
7. This application form must be completed in full in order to avoid delays in its processing. Where attached sheets and other technical documents are utilized in lieu of the space provided, indicate appropriate cross-references. Paragraphs that are not applicable to your application should be marked as "N/A".

8. If you are in doubt as to any provision of this application form, please consult with a member of the Legal Department of the Authority at telephone Nos. (876) 785-1259/ 758-3903 before completing it.

NOTE:

1. Coffee processors are the processors of coffee berries.
2. Coffee manufacturers manufacture green beans into roasted coffee and coffee products.

Type of Application: New [] Renewal [] (In case of renewal, also complete Part B)

Type of Licence: _____

A. GENERAL

1. Name of Applicant: _____

2. Address of Applicant: _____

3. Age of Applicant (if applicable): _____

4. Date of Birth (if applicable): _____

5. Identification: _____

6. Mailing address of Applicant: _____

7. TRN of Applicant: _____

8. Telephone No.: _____

E-mail address: _____

Website address: _____

9. Name of owner or name and Registration No. of Company, if different from Applicant:

10. Address of owner or Registered office of Company:

11. Name of Directors: _____

12. Name of Chief Executive Officer: _____

13. Year Business Commenced: _____

14. If the Applicant is an individual, have you been convicted of an offence involving fraud, dishonesty or moral turpitude or an offence under the *Dangerous Drugs Act* (other than an offence which attracts a sentence of imprisonment of not more than five (5) years) during the period of three (3) years immediately preceding this application OR any offence under the Jamaica Agricultural Commodities Regulatory Authority (JACRA) Act or Regulations under the JACRA Act?

Yes [] No [].

If yes, provide details: _____

15. If the applicant is an individual, state whether you are an undischarged bankrupt.

Yes [] No [].

If yes, provide details: _____

16. If the applicant is a body corporate, has any of its directors, managers, secretaries or such other officers been convicted of an offence involving fraud, dishonesty or moral turpitude or an offence under the *Dangerous Drugs Act* (other than an offence which attracts a sentence of imprisonment of not more than five (5) years) during the period of three (3) years immediately preceding this application OR any offence under the JACRA Act or Regulations under the JACRA Act?

Yes [] No [].

If yes, provide details: _____

17. If the applicant is a body corporate, state whether any resolution has been passed for the voluntary winding up of the company or an order for the winding up of the company made by a Court?

Yes [] No [].

If yes, provide details: _____

18. If the applicant is a body corporate, state whether a receiver or trustee has been appointed to manage the affairs of the assets of the company.

Yes [] No [].

If yes, provide details: _____

19. If the applicant is a body corporate, state whether the company has notified JACRA of the readiness and suitability of its premises or business in relation to this application.

Yes [] No [].

If yes, provide details: _____

20. List of documents attached in support of this application:

B. RENEWAL

1. Has there been any material change in the circumstances which existed at the time the licence was granted? Yes [] No [].

If yes, provide the details and supporting documents:

2. Is there currently full compliance with the terms and conditions of the existing licence?

Yes [] No [].

If no, provide details: _____

3. List of documents attached in support of this application:

C. STATEMENT BY APPLICANT(S)

I/We hereby certify that the information contained in this application and any document submitted to the Authority, are true and completed to the best of my/our knowledge and belief.

I/We understand that any misrepresentation contained in the form shall lead to discontinuation of the processing of the application and the revocation of any licence granted and may also lead to prosecution. I/We further understand that the licence, if granted, may be suspended or revoked for breach of any of the terms or conditions stipulated therein.

Signature of Applicant _____

Name and title (please print or type) _____

Dated this day of ,20

FOR OFFICIAL USE ONLY

Information attached: _____

Application fee _____ enclosed.

Comments:

Assessment Officer: _____ ____/____/____
Date