



JAMAICA AGRICULTURAL COMMODITIES REGULATORY AUTHORITY

# Application for Foreign Importer's Licence [Coffee]

FORM 1E

(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](http://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 new application, the completed form shall be accompanied by –
  - (a) documents of incorporation;
  - (b) a list of names and addresses of the applicant's suppliers and the types of regulated agricultural commodity being supplied; and
  - (c) a list of the names and addresses of the persons or entities to which the regulated agricultural commodity will be supplied.
4. 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".
5. 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.

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

Type of Licence being applied for: \_\_\_\_\_

**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.: \_\_\_\_\_ Fax 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 / Equivalent: \_\_\_\_\_

13. Name of Marketing Manager / Equivalent: \_\_\_\_\_

14. Year Business Commenced: \_\_\_\_\_

15. Type of coffee imported:

Blue Mountain [ ]

Non-Blue Mountain Coffee [ ]

16. 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: \_\_\_\_\_  
\_\_\_\_\_

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

Yes [ ] No [ ].

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

18. 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: \_\_\_\_\_  
\_\_\_\_\_

19. 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: \_\_\_\_\_  
\_\_\_\_\_

20. 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: \_\_\_\_\_  
\_\_\_\_\_

21. 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: \_\_\_\_\_  
\_\_\_\_\_

22. 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:

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

Yes [ ] No [ ].

If no, provide details: \_\_\_\_\_

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

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**C. STATEMENT BY APPLICANT**

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: \_\_\_\_\_

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Application fee \_\_\_\_\_ enclosed.

Comments:

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Assessment Officer: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date