



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Seed Programs Division 5825 Florida Blvd, Suite 3004, Baton Rouge, LA 70806 Phone (225) 925-4733; Fax (225) 925-4124

LDAF Industrial Hemp Program 2021 GROWER LICENSE APPLICATION PACKET

Guidelines and Instructions

- The Louisiana Department of Agriculture & Forestry (“LDAF”) is authorized by R.S. 3:1465 and pursuant regulations to issue licenses and regulate industrial hemp in Louisiana. Prior to the cultivation, processing or contracting to transport industrial hemp, a person must first submit an application and receive an industrial hemp license from LDAF. Applications should be submitted to: **Louisiana Department of Agriculture & Forestry, Industrial Hemp Program, 5825 Florida Blvd., Suite 3004 Baton Rouge, LA 70806**, or hand-delivered to one of the LDAF district offices. See attached district office map. All information in this application packet must be complete, and the application returned to LDAF along with any required fees and documentation.

If you need assistance completing this application, please contact us by phone at 225-925-4863 or by email at industrialhemp@ldaf.la.gov.

- **Contents of Application Packet**

- Guidelines and Instructions
- Instructions for submitting to State and Federal Background Checks
- *Designated Responsible Party Declaration* Form
- *Key Participant Disclosure* Form
- LDAF District Office Map
- License Application - Please submit only the application (Pages 1-7) and the required forms and documentation. Do not submit the guidelines and instructions.

- **License Application Submittal** – Industrial hemp applications are accepted at any time during the year. Industrial hemp license applications must be submitted and approved prior to cultivating, processing or contracting to transport industrial hemp. LDAF recommends that applicants use a delivery method with tracking capabilities when submitting an application. LDAF is not responsible for applications lost in the mail or not received. Applicants should keep a copy of the completed application, all attachments, and, if applicable, the mail receipt and tracking number for your records.

- **Fee Schedule** - A \$500 license fee is due upon notification of application approval. The license fee is payable by check or money order to LDAF. No license shall be issued until full payment of the fees is received by LDAF.

- **Application File Format** – Industrial hemp applications are available in an electronic fillable form. If you do not have compatible software for the fillable form, please print out the form and complete the form manually and legibly. LDAF is not responsible for missing information due to formatting, or printing errors by applicants.

- **Public Records Law** - Applications and any attachments may be subject to the Louisiana Public Records Law (R.S. 44:1 *et seq.*).

- **Registering a Business Entity** - Louisiana law requires licenses to be issued in the applicant's name. However, applicants may request to register their business entity with LDAF. In addition to the information required on the application, applicants must supply the following information when registering their business entity.
 - Submission of a *Key Participant Disclosure* form for all registered business entities. A *Key Participant* is a sole proprietor, a partner in partnership, or a person with executive managerial control in a corporation. A person with executive managerial control includes persons such as a chief executive officer, chief operating officer and chief financial officer. This definition does not include non-executive managers such as farm, field, or shift managers.
 - Submission of a *Designated Responsible Party Declaration* form for all registered business entities. The *Designated Responsible Party* is the person designated by the applicant or licensee as responsible for facility operations of the applicant, and their registered facilities.
 - If an applicant or licensee requires a change of the Designated Responsible Party or Key Participants anytime during the application process or after a license is issued, the applicant or licensee must submit a new *Designated Responsible Party Declaration* or *Key Participant Disclosure* form, current background checks, and copy of the new Designated Responsible Party's driver's license to LDAF.

- **Application Review** - LDAF will evaluate each application to verify that the application is complete and required documents are included. After the evaluation is completed, applicants will be notified of the application status. Applications must be complete, accurate, and legible. Follow all instructions in the document. LDAF is not required to request additional information for clarity of the application. Any license application missing required information may be subject to denial.

- **Prohibited Activities** - The activities listed below are prohibited activities. A current licensee found to be conducting or participating in any of these activities may be subject to regulatory actions, including but not limited to license revocation and forfeiture or destruction of all cannabis materials in their possession.
 - Cultivating, processing or contracting to transport cannabis that is not industrial hemp (greater than the federally defined THC level for hemp).
 - Possessing or cultivating industrial hemp plants or plant parts on any site not approved in the Licensing Application or subsequent Site Modification Request form.
 - Cultivating or storing industrial hemp:
 - in any structure that is used for residential purposes;
 - in any outdoor field or site that is located within 1,000 feet of a school, or public recreational area; and
 - on property which is not owned or leased by the licensee.
 - Violating the restrictions outlined in *§1325 Restrictions on Sale or Transfer* of the industrial hemp regulations.
 - Allowing unsupervised public access to industrial hemp plots.

- **Criminal Background Checks**
 - All industrial hemp applicants, designated responsible parties, and key participants must undergo state and federal criminal background checks and submit fingerprint identification. The resulting certified criminal background check reports must accompany each license application.
 - Before a license will be approved, the background check report will be reviewed by LDAF for applicant eligibility.
 - State and federal background checks are required annually for each applicant, designated responsible party and key participants, and are valid for a period of 60 days prior to submission of license application.

INSTRUCTIONS FOR COMPLETING STATE AND FEDERAL CRIMINAL BACKGROUND CHECKS

- **State Background Check Procedures**

1. Download and complete the LSP *Right to Review Authorization* and the *Right to Review Disclosure* forms. The forms can be accessed at <http://www.lsp.org/technical.html#criminal>.

2. State background check requests are processed by the Louisiana State Police, Criminal Records Dissemination Section. (LSP)

*LSP, Criminal Records Dissemination Section
7919 Independence Blvd., Baton Rouge, LA 70806
Phone: 225-925-6095
Business hours: M-F 8:00 AM - 3:30 PM Central Time.
Website: <http://www.lsp.org/technical.html#criminal>*

3. Deliver the completed forms along with acceptable form of payment in person to the LSP.

4. Submit to fingerprinting and request a set of fingerprint cards to submit to FBI for federal the background check.

5. Applicants will be given in person their certified *Right to Review* and *State Background Check* which must be submitted to LDAF with application.

- **Federal Background Check Procedures**

1. Request Fingerprint cards (*Form FD-258*) from LSP.

2. Visit the FBI Identity History Summary Checks website at:
<https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

3. Applicants should choose Option 1 or 3 (do *not* choose option 2) to complete the background check.

4. Applicant will receive the background check report electronically or by mail, depending on the requested reporting method. The report must be submitted to LDAF with the license application.

NOTE: Applicant is responsible for providing an official “disposition clarification” from the local Clerk of Court or District Attorney Offices for any reported charges with unknown disposition.

All State Criminal Background Check forms and payments must be hand-delivered or mailed to LSP and FBI Background Check forms and payments mailed to FBI. DO NOT SEND THIS INFORMATION AND PAYMENT TO LDAF.

Instructions for Creating Maps and Obtaining GPS Coordinates

- A color photographic map is required for each growing, storage, handling or processing locations and must contain the following:
 - ♣ Applicant's name, and if applicable, the business name printed on the map page;
 - ♣ Physical address of the location;
 - ♣ Expanded view to show the site, a public roadway and the road name;
 - ♣ Outline of the location of each contiguous planting;
 - ♣ Location ID/name for each field, greenhouse, indoor growing, handling, storage or processing structure;
 - ♣ GPS Coordinates of center of field, greenhouse, indoor growing, handling, storage or processing structure, and
 - ♣ Acreage of each contiguous planting.

Refer to example map on next page

- LDAF prefers all maps be created with Google Earth; however other mapping sources may be used. You can download Google Earth Pro for free by visiting <https://www.google.com/earth/download/gep/agree.html/>. If asked for a registration key, enter "GEPFREE".
- You can access Google Maps online at <https://www.google.com/maps/>. When you have the address on your screen, you can click the button in the lower left corner that says "Earth" or "satellite" for an aerial view of the location.
- On Map Quest at <https://www.mapquest.com/> locate the address on your screen, and then click in the upper right corner on "Satellite" for an aerial view of the location.
- Print out the map when you are satisfied with the level of zoom. Map should show at least one nearby road, the entrance to the site, and the identification of the hemp locations.
- Finish the map by handwriting in the required information. For maps created in Google Earth you can save the image to a Microsoft Word Document and add a text box(s) for the required information. To add a text box, click in an area outside of the map and choose *Insert* and then *Text Box*. Enter the information into the text box and move the text box into the appropriate area of the map. You may resize the map if required. Repeat the above steps for multiple text boxes.

SEE ATTACHED EXAMPLE OF MAP AND DESCRIPTION OF A CONTIGUOUS FIELD, GREENHOUSE AND INDOOR GROWING STRUCTURE.

EXAMPLE OF MAP REQUIRED FOR INDUSTRIAL HEMP GROWER, SEED PRODUCER AND PROCESSOR LICENSES

John Hemp
1234 Growers Row
5756 Corporate Office
Baton Rouge, LA 12345



Location ID: Field 1A
GPS = 31.34923, -90.87033
Type - Outdoor field; 3.2 acres

Location ID: Field 2A
GPS = 31.80355, -90.92408
Type = Outdoor field; 1.50 acres

Location ID: West Storage Bldg.
GPS = 30.09484, -90.81054
Type - Storage warehouse

Location ID: North Storage Bldg.
GPS = 30.86884, -90.12095
Type - Storage warehouse

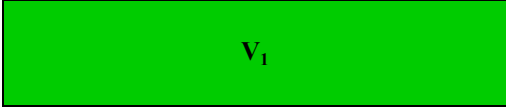


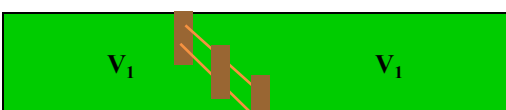

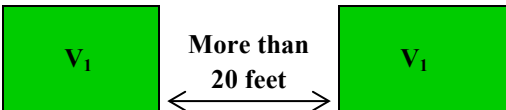

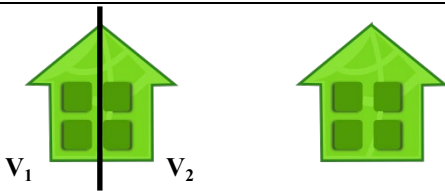
Location ID: Processing Bldg.
GPS = 30.98475, -90.09127
Type - Processing warehouse

NOTE: This map is an example only. There is no industrial hemp grown, stored or processed at these locations.

What is a Contiguous Location?

A contiguous field will NOT have multiple strains or varieties, any breaks, fence lines, tree or brush lines, canals or bodies of water or roads dividing the field. Any field with these types of divisions shall be considered to be two or more separate fields and require individual map outlines and GPS coordinates.

Individual greenhouses/indoor growing structures are considered separate and require GPS coordinates. Different varieties or strains within a greenhouse or indoor growing structure are considered separate plots.

Contiguous Location?	Example (V = strain/variety)
Yes, 1 Field	
No, 2 Fields Reason: Field divided by trees or brush row.	
No, 2 Fields Reason: Divided by a canal or body of water.	
No, 2 Fields Reason: Field divided by fence	
No, 2 Fields Reason: Two different strains/varieties	
No, 2 Fields Reason: Field divided by more than 20 feet.	
Yes, 1 Building	
No, 2 buildings/plots Reason: Two separate buildings or two different strains/varieties within a building.	



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Seed Programs Division 5825 Florida Blvd, Suite 3004, Baton Rouge, LA 70806 Phone (225) 925-4733; Fax (225) 925-4124

LDAF Industrial Hemp Program
Designated Responsible Party Declaration Form

This form must be completed and submitted with each business entity industrial hemp application.

This completed form is a required attachment for all industrial hemp program business entity applications.

If completing this form electronically, navigate the form with the mouse or select the next field using the down arrow key.

Table with 2 columns: Name of Business Entity, Complete Physical Address

I hereby declare that:

Table with 2 columns: Printed Name, Title, Phone, Email

*The Designated Responsible Party listed above is required to have an annual background check and copy of driver's license on file with LDAF prior to license being issued.

is the Designated Responsible Party for all daily business operations and is authorized to sign all required industrial hemp program documents on the entity's behalf. The entity acknowledges that a change of Designated Responsible Party requires written notice to LDAF.

I certify that this information is true and correct.

Signature of owner, registered agent, or managing member

Printed Name

Date

Signature of designated responsible party

Printed Name

Date



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LDAF Industrial Hemp Program
Key Participant Disclosure Form

This form must be completed and submitted with each business entity application.

1. Business Entity Information

If completing this form electronically, navigate the form with the mouse or select the next field using the down arrow key.

Table with 2 columns: Field Name (Name of Business Entity, Name of Applicant, Physical Address of Business, City, State & Zip) and Input Area.

2. List the names, titles and email addresses of ALL key participants in the table below.

NOTE: A Key Participant is a sole proprietor, a partner in partnership, or a person with executive managerial control in a corporation. A person with executive managerial control includes persons such as a chief executive officer, chief operating officer and chief financial officer. This definition does not include non-executive managers such as farm, field, or shift managers.

Table with 2 columns: Key Participant (1-4) and Fields (Name, Title, Email Address).

3. Attach sheets as necessary for additional key participants. If additional sheets are attached, indicate total number of sheets attached: _____

I hereby verify and affirm that all of the information contained on this form is true and accurate. I understand that if LDAF later determines any of this information to be false or inaccurate, the industrial hemp license may be withheld or revoked.

Signature of applicant

Printed Name

Date

LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY












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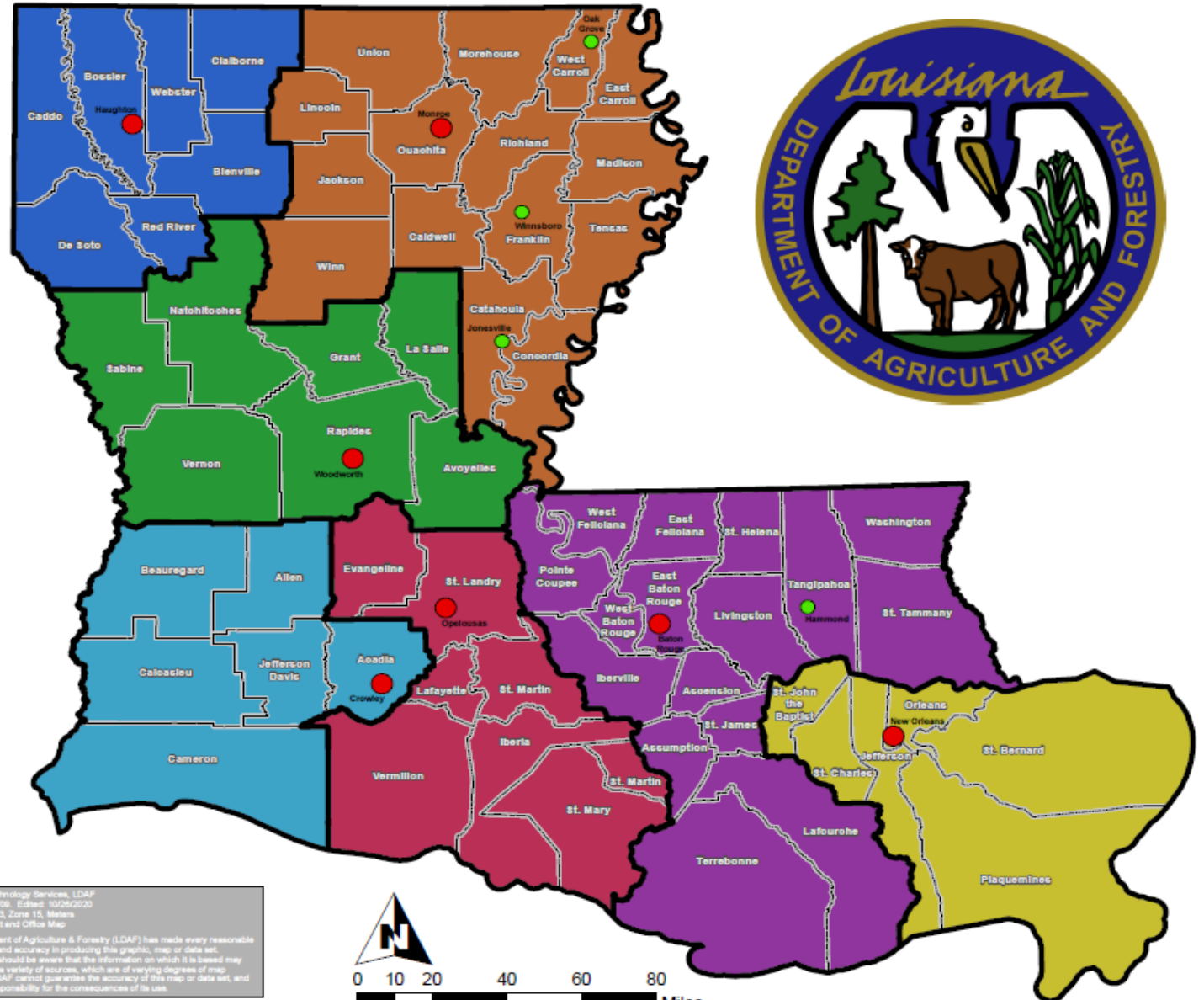
Office of Agricultural and Environmental Sciences

(225) 925-3770



Legend

-  AES District Boundary
-  Parish Boundary
-  Alexandria District
616 Forestry Rd.
Woodworth, LA 71486
TEL: 318/487-6090
FAX: 318/487-6767
-  Baton Rouge District
6826 Florida Blvd
Baton Rouge La 70808
TEL: 226/922-1274
FAX: 226/926-3760
-  Crowley District
110 S. Westam Ave.
Crowley, LA 70628
TEL: 337/788-7529
FAX: 337/788-7673
-  Monroe District
764 Hwy. 80 East
Monroe, LA 71203
TEL: 318/346-7686
FAX: 318/346-1774
-  New Orleans District
Room #1034
1100 Robert E. Lee Blvd.
New Orleans, LA 70124
TEL: 604/288-1126
FAX: 604/288-1128
-  Opelousas District
1810 Creswell Lane
Opelousas, LA 70670
TEL: 337/848-0230
FAX: 337/848-0229
-  Shreveport District
740 Covington Road
Houffton, LA 71267
TEL: 318/948-3226
FAX: 318/948-8848
-  AES District Offices
-  AES Satellite Offices

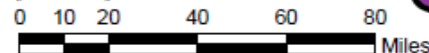


AES Satellite Offices

HAMMOND 47078 North Morrison Blvd. Hammond, LA 70401-7308 TEL: (886) 643-4028 FAX: (886) 643-4026	OAK GROVE 10366 Highway 17 Oak Grove LA 71283 TEL: (318) 428-0116 FAX: (318) 428-5463
JONESVILLE 1685 Martin Luther King Dr Jonesville La 71343 TEL: (318) 338-7942 FAX: (318) 338-8036	WINNSBORO 212A Macon Ridge Rd. Winnsboro LA 71296 TEL: (318) 436-2186 FAX: (318)436-2816

Author: Information Technology Services, LDAF
 Production Date: 05/09/08, Edited: 10/26/2020
 Projection: UTM NAD 83, Zone 15, Meters
 Application: AES District and Office Map

The Louisiana Department of Agriculture & Forestry (LDAF) has made every reasonable effort to ensure quality and accuracy in producing this graphic, map or data set. Nevertheless, the user should be aware that the information on which it is based may have come from any of a variety of sources, which are of varying degrees of map accuracy. Therefore, LDAF cannot guarantee the accuracy of this map or data set, and does not accept any responsibility for the consequences of its use.



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LDAF Industrial Hemp Program
2021 Grower License Application

Any person interested in growing industrial hemp must first submit a Grower license application and receive a Grower license from LDAF prior to engaging in the regulated profession. NOTE: Applicants must receive a Grower license from LDAF before taking possession of any viable industrial hemp seed (including propagules).

Directions: Complete all parts of this application. Enter the applicant name on the top of pages 2-7. Submit the application and all required attachments and documentation to the Louisiana Department of Agriculture & Forestry, Industrial Hemp Program, 5825 Florida Blvd., Suite 3004, Baton Rouge, LA 70806, or hand-deliver to one of the LDAF district offices. See attached district office map. Be sure to keep a copy of the completed application and all supporting documents for your records.

Read and carefully follow all instructions on the previous pages before completing this application.

If completing this form electronically, navigate the form with the mouse or select the next field using the down arrow key.

Table with 1 column and 5 rows: OFFICIAL USE ONLY, Date Received, Application Status Notification Date, Date License Fee Received, License No.

Form with sections: 1. Applicant Information (a-f), 2. Applicant's Business Information (if applicable) NOTE: To register a business, the business must meet the following requirements: 1) be an established legal entity, 2) declare a Designated Responsible Party, and 3) identify all Key Participants in the business. (a-j)

3) Indicate intended product for the crop (check all that apply):

- Grain, Fiber, Floral Material (CBD other cannabinoids, terpenoids, or any other extracts), Other (describe):

4) Read each statement below and check the box next to the statement to indicate your understanding and agreement:

- The \$500 license fee is non-refundable after the license has been issued.

Applicant Name: _____

- Any additions, subtractions or changes to the GPS coordinates listed for growing, handling or storage locations after the grower license is issued by LDAF will require the license holder to submit, and have the changes approved. All site modification requests must be submitted using a *Site Modification Request* form.
- Each location must be included in your licensing application and approved by LDAF prior to the planting, handling, or storage of any industrial hemp at that location.
- Applicants are required to provide precise GPS coordinates in a decimal degrees (DD) format for each field/plot, greenhouse, indoor growing location, building, and handling storage sites at each address.
- Applicants are required to provide a legal description of address and a detailed map of every site at each address with the application.

5) The following restrictions apply to all grower licensees. Read each statement below and check the box next to the statement to indicate your understanding and agreement:

- I will not knowingly grow cannabis that is not industrial hemp (cannot have a THC concentration of more than federally defined THC level for hemp).
- I will not grow, handle or store industrial hemp in any structure that is used for residential purposes.
- I will not grow industrial hemp in any outdoor field or site that is located within 1,000 feet of a school or public recreational area.
- I will not grow, handle, or store industrial hemp on any land which is not owned or leased by the licensee.
- I have read and understand the Louisiana law and administrative regulations regarding industrial hemp.

6) Provide a list of all locations requested for approval by completing the tables below in parts a) Fields, b) Greenhouses/Indoor Growing Locations, and c) Handling/Storage Locations. Attach additional page(s) as necessary.

a) Field Locations

- i. Indicate total acres planned for growing as identified in the tables below.
Total Number of Acres _____
- ii. Enter information for requested field growing locations in the tables below.
- iii. If you do not intend to grow in a field, indicate by entering N/A in the space provided: _____

Farm 1	Farm Name			Own or Rent	
	Physical Address	City	State	Zip	Parish
	Legal Property Description. Description may be included as attachment if necessary. (EX: <i>Section 42, Township 4S, Range 10E</i>):				
Location ID*	GPS Latitude <i>EX: 29.832706000</i>	GPS Longitude <i>EX: -90.926661999</i>	Acres		
Field 1					
Field 2					
Field 3					
Farm 2	Farm Name			Own or Rent	
	Physical Address	City	State	Zip	Parish
	Legal Property Description. Description may be included as attachment if necessary. (EX: <i>Section 42, Township 4S, Range 10E</i>):				
Location ID*	GPS Latitude <i>EX: 29.832706000</i>	GPS Longitude <i>EX: -90.926661999</i>	Acres		

Applicant Name: _____

Field 1					
Field 2					
Field 3					
Farm 3	Farm Name			Own or Rent	
	Address	City	State	Zip	Parish
	Legal Property Description. Description may be included as attachment if necessary. (EX: <i>Section 42, Township 4S, Range 10E</i>):				
	Location ID*	GPS Latitude EX: 29.832706000	GPS Longitude EX: -90.926661999	Acres	
Field 1					
Field 2					
Field 3					

* Location ID: A unique identifier or common name for each field, as designated by the applicant. The Location ID will become part of the license record.

b) Greenhouse / Indoor Growing Locations

i. Indicate total square footage planned for indoor growing as indicated in the tables below.

Total Square Footage: _____

ii. Enter Greenhouse/Indoor Growing Locations in the tables below.

iii. If you do not intend to grow in a greenhouse or indoor growing structure, indicate by entering N/A in the space provided: _____

NOTE: Approval of a greenhouse/indoor growing structure includes the area inside the greenhouse and equal square footage immediately adjacent outside the greenhouse. The outside square footage can only be used to place container hemp plants temporarily for necessary agronomic reasons.

Greenhouse/ Indoor 1	Greenhouse/Indoor Structure Name			Own or Rent	
	Address	City	State	Zip	Parish
	Legal Property Description. Description may be included as attachment if necessary. (EX: <i>Section 42, Township 4S, Range 10E</i>):				
	Location ID*	GPS Latitude EX: 29.832706000	GPS Longitude EX: -90.926661999	Total Ft ²	
Site 1					
Site 2					
Site 3					
Greenhouse/ Indoor 2	Greenhouse/Indoor Structure Name			Own or Rent	
	Address	City	State	Zip	Parish
	Legal Property Description. Description may be included as attachment if necessary. (EX: <i>Section 42, Township 4S, Range 10E</i>):				
	Location ID*	GPS Latitude EX: 29.832706000	GPS Longitude EX: -90.926661999	Total Ft ²	

Applicant Name: _____

Site 1					
Site 2					
Site 3					
Greenhouse/ Indoor 3	Greenhouse/Indoor Structure Name				Own or Rent
	Address	City	State	Zip	Parish
	Legal Property Description. Description may be included as attachment if necessary. (EX: <i>Section 42, Township 4S, Range 10E</i>):				
	Location ID*	GPS Latitude EX: 29.832706000	GPS Longitude EX: -90.926661999	Total Ft ²	
Site 1					
Site 2					
Site 3					

* The Location ID is a unique identifier or common name for each structure, as designated by the applicant. Location ID will become part of the license record.

c) Handling/Storage Locations

- i. Enter information for requested handling/storage locations in the tables below.
- ii. Handling/storage addresses must be listed in the below table even if listed in tables for part (a) or (b) above, in order to provide GPS coordinates for the buildings.

Handling/ Storage 1	Handling/Storage Name				Own or Rent
	Address	City	State	Zip	Parish
	Legal Property Description. Description may be included as attachment if necessary. (EX: <i>Section 42, Township 4S, Range 10E</i>):				
	Location ID*	GPS Latitude EX: 29.832706000	GPS Longitude EX: -90.926661999	Purpose (handling or storage)	
Site 1					
Site 2					
Site 3					
Handling/ Storage 2	Handling/Storage Name				Own or Rent
	Address	City	State	Zip	Parish
	Legal Property Description. Description may be included as attachment if necessary. (EX: <i>Section 42, Township 4S, Range 10E</i>):				
	Location ID*	GPS Latitude EX: 29.832706000	GPS Longitude EX: -90.926661999	Purpose (handling or storage)	
Site 1					
Site 2					
Site 3					
	Handling/Storage Name				Own or Rent

Applicant Name: _____

Handling/ Storage 3	Address	City	State	Zip	Parish
	Legal Property Description. Description may be included as attachment if necessary. (EX: <i>Section 42, Township 4S, Range 10E</i>):				
	Location ID*	GPS Latitude EX: 29.832706000	GPS Longitude EX: -90.926661999	Purpose (handling or storage)	
Site 1					
Site 2					
Site 3					

* Location ID: A unique identifier or common name for each structure, as designated by the applicant. Location ID will become part of the license record.

Acknowledgments

Read each of the acknowledgment statements below and check “Yes” or “No” to indicate your understanding and acceptance of each statement.

- 1) I acknowledge that LDAF is not responsible for missing information due to formatting or printing errors on the user end. LDAF is not responsible for applications lost in the mail or not received.
 Yes No

- 2) I acknowledge that LDAF is not obligated to ask follow-up questions during the application review process. The written responses on this application and attachments shall be the sole source of information under consideration for potential participation in the LDAF Industrial Hemp Program.
 Yes No

- 3) I acknowledge that this is a selective process and only those applications that meet the criteria set forth in the Louisiana Industrial Hemp Law and regulations will be approved for licensing.
 Yes No

- 4) I affirm that, if approved for a license, I will abide by all requirements of LDAF, and the law and regulations, including timely submission of report forms and required attachments, as applicable, including but not limited to:
 - **Seed Acquisition Request form** – must be submitted to and approved by LDAF prior to receiving any industrial hemp seeds or propagules.
 - **Site Modification Request form** - must be submitted to LDAF prior to the growing, handling, or storage of hemp materials at any location not previously approved on your grower license application.
 - **Planting Reports** – must be submitted to LDAF within the established deadlines following planting for each field, greenhouse and indoor growing structure.
 - **Harvest/Destruction Report** – due within 15 days prior to crop harvest or destruction of a failed crop;
 - **Production Report** – due by November 15th annually. Yes No

- 5) I acknowledge that, upon request from LDAF, Louisiana State Police, or other state or local law enforcement officers, license holders must immediately produce a copy of their grower license, or other required program documentation for inspection.
 Yes No

- 6) I consent that, the commissioner or his authorized agent(s) shall have access, during normal working hours, to any premises where industrial hemp plants or plant parts are being processed, transported, produced, cultivated,

Applicant Name: _____

and/or stored for the purpose of inspection, investigation, and/or collection of samples for testing. The commissioner or his authorized agent(s) may inspect any industrial hemp seed, plants, or plant parts located on the premises.

Yes No

7) I acknowledge that I, or the designated responsible party, shall be available on location by appointment for on-site visits by LDAF for the purpose of inspections or sampling.

Yes No

8) I affirm that, if I am issued a license, I shall not allow other persons, not directly employed by me, to grow, handle, or store under my license in lieu of their own license with LDAF.

Yes No

9) I accept the inherent risk associated with participation in the program of a new crop. I acknowledge that both personal and financial loss may be possible, and agree that LDAF is not responsible for reimbursing or compensating any licensee for any loss resulting from involvement with the program.

Yes No

10) I acknowledge that I will renew my license annually if intend to engage in regulated program activities. I further acknowledge that past participation does not guarantee or imply automatic approval for future participation.

Yes No

11) I agree that my approved sites shall only be used to grow, handle or store industrial hemp and shall not be used to grow, handle or store unlawful cannabis (greater than the federally defined THC level for hemp).

Yes No

12) I acknowledge that if the LDAF sample test results determine a THC level greater than the federally defined THC level for hemp, I may be required to destroy the crop from which the sample was collected at my own cost.

Yes No

13) I agree to report my hemp crop acreage to the Farm Service Agency (FSA), and to provide FSA with specific information regarding field acreage, greenhouse or indoor growing square footage of all industrial hemp planted.

Yes No

Attachments

Check all attachments below that you are submitting with this application. In addition to those listed, attachments may include extended answers to any question in the application or other supporting documents. If the attachment is supplementary information to a question in this form, be sure to: 1) include the associated question number on the document; and 2) start each new question attachment on a new page.

Copy of Driver's License for the Designated Responsible Party

State and Federal Certified Background Check Report for the Applicant

State and Federal Certified Background Check Report for the Designated Responsible Party and all Key Participants

Completed *Designated Responsible Party Declaration* form

Completed *Key Participant Disclosure* form

Other Attachments (describe): _____

Applicant Name: _____

I hereby verify and affirm that all of the information contained in this license application is true and accurate. I understand that if LDAF later determines any of this information to be false or inaccurate, the Grower license may be withheld or revoked.

Signature of Applicant

Printed Name of Applicant

Date