

➤ SECTION II – SIGNING AUTHORITIES (REQUIRED FOR ALL APPLICANTS)

SIGNING AUTHORITY INFORMATION: *THIS PORTION PERTAINS TO ALL APPLICANTS APPLYING FOR LICENSURE.* A Signing Authority is an officer or agent of the organization with the written power to commit the legal entity to a binding agreement. ALL SIGNING AUTHORITIES LISTED ON THIS PAGE MUST SUBMIT AN ARKANSAS STATE POLICE (ASP) CRIMINAL HISTORY BACKGROUND CHECK WITH ASP ANNUALLY. ATTACH COPIES OF EACH ID/DL TO THIS APPLICATION. [PLEASE PRINT]

NAME:			
PHONE #:		ID# OR DL#: *ATTACH COPY	
EMAIL:			
DATE BACKGROUND CHECK SUBMITTED TO ASP:			
SIGNATURE:			

NAME:			
PHONE #:		ID# OR DL#: *ATTACH COPY	
EMAIL:			
DATE BACKGROUND CHECK SUBMITTED TO ASP:			
SIGNATURE:			

NAME:			
PHONE #:		ID# OR DL#: *ATTACH COPY	
EMAIL:			
DATE BACKGROUND CHECK SUBMITTED TO ASP:			
SIGNATURE:			

NAME:			
PHONE #:		ID# OR DL#: *ATTACH COPY	
EMAIL:			
DATE BACKGROUND CHECK SUBMITTED TO ASP:			
SIGNATURE:			

➤ You may submit additional copies of this page to include any additional Signing Authorities for your business.

➤ SECTION III – COMPANY KEY PARTICIPANTS (REQUIRED FOR COMPANY LICENSES ONLY)

KEY PARTICIPANT INFORMATION: THIS SECTION IS INTENDED FOR REGISTERED BUSINESS/COMPANY ENTITIES ONLY. A Key Participant is a person who has direct or indirect financial interest in the business/company entity producing hemp, such as an owner, investor, or partner in a partnership. ALL KEY PARTICIPANTS MUST SUBMIT AN ARKANSAS STATE POLICE (ASP) CRIMINAL HISTORY BACKGROUND CHECK WITH ASP ANNUALLY. ATTACH COPIES OF EACH ID/DL TO THIS APPLICATION. [PLEASE PRINT]

Name: _____

Title: _____

Phone #: _____ ID/DL #: _____

Email: _____

Date Background Check Submitted to ASP: _____

Name: _____

Title: _____

Phone #: _____ ID/DL #: _____

Email: _____

Date Background Check Submitted to ASP: _____

Name: _____

Title: _____

Phone #: _____ ID/DL #: _____

Email: _____

Date Background Check Submitted to ASP: _____

Name: _____

Title: _____

Phone #: _____ ID/DL #: _____

Email: _____

Date Background Check Submitted to ASP: _____

➤ You may submit additional copies of this page to include additional Key Participants in your business.

➤ SECTION IV – GROWER PRODUCTION INFORMATION

Fill out your planned hemp production information below.

1) Indicate the intended hemp production focus for this calendar year season (check all that apply).

Grain

Fiber

Replication of Seeds

Replication of vegetative planting stock/propagules

Floral Material (CBD, other phytocannabinoids, terpenoids, or any other extracts)

Research

Other: _____

2) Are you or other listed signing authorities or key participants a current Department employee(s) or do any listed signing authorities or key participants have any related family working as a current Department employee?

Yes

No

“Family” means spouse and children, as well as a person who is related to a public servant as any of the following, whether by blood or adoption: parent, brother, sister, grandparent, grandchild, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister.

3) If you answered “Yes” to question 2, complete the following table. If “No”, skip to question 4.

Applicant (Signing Authority/Key Participant)	Name of current Dept. employee who is a family member	Relationship	Dept. Office, if known

4) **RESEARCH APPLICANTS ONLY—ATTACH A HEMP GROWING RESEARCH PLAN.** Explain **in detail** the industrial hemp research you are interested in conducting on behalf of the Program for this season. Include a written statement of the research objective(s) and data or observations to be collected and reported to the Program. Provide details of your overall research plan, including, what you intend to accomplish with your research goals for this season and how you will achieve them. Attach additional sheet(s) of your proposed research plan(s) to this application.

Have you attached a research plan as referenced above?

Yes

No

N/A—Applying for Commercial or Storage License

5) **AGRICULTURE EXPERIENCE / INCOME.** Submit evidence of income from the applicant’s farming and/or agricultural operation(s), an agricultural experience statement, or research in an agricultural or science related field. This evidence may include tax returns such as IRS 1040 Schedule F, your farm serial number (FSN#), degree in agriculture, research, science, or related field. Attach additional sheets with this information to this application.

Have you attached evidence of agricultural, educational or research experience as referenced above?

Yes

No

6) **SEED/PROPAGULE COMPANY SOURCE:** Identifying and purchasing hemp seed and/or planting stock is the responsibility of the licensed program participant, not the Department. **All hemp seed dealers, whether in-state or out-of-state, must be licensed to sell seed for planting with the Department’s Seed Certification Program. This is known as an Arkansas Seed Dealer/Labeler License. All hemp propagule/seedling/clone providers, whether in-state or out-of-state, must be licensed to grow industrial hemp through a state’s department of agriculture or licensed with the USDA. Rooted plants being transferred into Arkansas must be accompanied by a phytosanitary certificate issued from a state’s department of agriculture, among other official documentation.**

Explain your seed/propagule acquisition plan by indicating the source of seed or planting stock you intend to plant by completing the table below. If approved for licensure with the Program, a “New Variety Request Form” must be submitted and approved at least three (3) weeks prior to seed/propagule acquisition if the hemp variety has not already been approved for planting with the Program. **Refer to the 2023 Summary of Varieties List** posted on the Hemp Program’s website.

Compliance with any rules and/or laws for hemp importation or transfers from other states and/or countries is the responsibility of the applicant. **You are not permitted to receive or possess any industrial hemp material, including viable hemp seed, without first being issued a hemp license certificate from the Department.**

Please list one or more seed/propagule source companies you are considering utilizing for 2023:

	Seed Company Name	City, State	Variety Name	Type of Material (seeds or transplants)
1.				
2.				
3.				

7) Do you plan to implement field/outdoor hemp production for the 2023 season?

Yes

No

If “Yes” to question 7: Each requested field plot or outdoor site where hemp planting/growing/production may occur must be requested for licensure as a “Field Location ID” on page 6 of this application. Field plots or sites intended for outdoor hemp production that are more than 20 feet away from one another must be registered as separate unique Field Location ID names. The unique Location ID names are assigned by you, the applicant, on the following application pages. **Example Field Location ID names: “FIELD #1,” “FIELD #2,” “NW FIELD,” “SW FIELD,” etc.**

8) Do you plan to implement greenhouse/indoor hemp production for the 2023 season? Greenhouses include hoop houses, shade houses, or any enclosed growing structure.

Yes

No

If “Yes” to question 8: Each requested greenhouse or indoor site where hemp planting/growing/production may occur must be requested for licensure as separate “Greenhouse Location IDs” on page 7 of this application.

For the purposes of this program, any enclosed structure, including hoop houses or shade houses, are considered a Greenhouse and must be registered as a Greenhouse Location ID. Each individual structure(s), building(s), or room(s) where greenhouse/indoor growing may occur must have its own unique Greenhouse Location ID name, assigned by you, the applicant, on the following application pages.

Example Greenhouse Location ID names: “GREENHOUSE #1,” “BUILDING #1 – ROOM 3,” “NORTH GREENHOUSE,” etc.

9) FIELD PRODUCTION LOCATIONS (For requested outdoor field growing locations only. **Subject to applied acreage fees**)

FIELD PLOTS OR SITES MORE THAN 20 FEET AWAY FROM ONE ANOTHER MUST BE REGISTERED AS DIFFERENT FIELD LOCATION IDS

- If approved for licensure, each Field Location ID registered to your license must have a *Field Planting Report* submitted to the Department, whether you planted at the Field Location ID, or not. **“NO PLANTING” Field Planting Reports are due by July 31.**

a) Enter information for requested Field Location ID(s) in the cells below. Be sure to include a unique Location ID name (determined by you) and six-digit “decimal degrees” GPS coordinates for each outdoor field growing site. **NOTE:** If approved, Location ID names will be printed on your License Certificate. All program paperwork **MUST** match Location ID names listed here.

Farm 1	Planting Street Address 1	City	State	Zip	County	Own or Rent
				AR		
Indicate if this farm has multiple entrances: Yes _____ No * If yes, number of entrances: _____						
	Location ID (unique name assigned by you)	GPS: Latitude Ex: 34.123456	GPS: Longitude Ex: -92.123456	Requested Hemp Plot Acreage Size*		
Field 1						
Field 2						
Field 3						
Field 4						
• ATTACH A COPY OF LEGAL LAND DESCRIPTION. ATTACHED? Y N						
Farm 2	Planting Street Address 2	City	State	Zip	County	Own or Rent
			AR			
Indicate if this farm has multiple entrances: Yes _____ No * If yes, number of entrances: _____						
	Location ID (unique name assigned by you)	GPS: Latitude Ex: 34.123456	GPS: Longitude Ex: -92.123456	Requested Hemp Plot Acreage Size*		
Field 1						
Field 2						
Field 3						
Field 4						
• ATTACH A COPY OF LEGAL LAND DESCRIPTION. ATTACHED? Y N						
Farm 3	Planting Street Address 3	City	State	Zip	County	Own or Rent
			AR			
Indicate if this farm has multiple entrances: Yes _____ No * If yes, number of entrances: _____						
	Location ID (unique name assigned by you)	GPS: Latitude Ex: 34.123456	GPS: Longitude Ex: -92.123456	Requested Hemp Plot Acreage Size*		
Field 1						
Field 2						
Field 3						
• ATTACH A COPY OF LEGAL LAND DESCRIPTION. ATTACHED? Y N						

* THE TOTAL REQUESTED ACREAGE AMOUNT IS SUBJECT TO THE PROGRAM APPLIED ACREAGE FEE.

10) INDOOR/GREENHOUSE PRODUCTION LOCATIONS (For requested Indoor/Greenhouse growing locations only. \$100/each)

- Greenhouse Location IDs are considered any indoor or enclosed growing structure, including hoop houses or shade houses, and sites where rooted hemp clones/transplants/seedlings will be stored or cultivated until transplanted into a registered Field Location ID.
- If approved for licensure, Greenhouse Location IDs require quarterly (four times a year) reporting to the Department for each approved Greenhouse Location ID. This is the *Indoor/Greenhouse Planting Report Form*.

SEPARATE OR INDIVIDUAL INDOOR/GREENHOUSE STRUCTURES MUST BE REGISTERED AS DIFFERENT LOCATION ID NAMES

a) Enter information for the requested Greenhouse Location ID(s) in the cells below. Be sure to include a unique Location ID name (determined by you) and six-digit "decimal degrees" GPS coordinates for each indoor/greenhouse growing site.

NOTE: If approved, Location ID names will be printed on your License Certificate. All program paperwork **MUST** match Location ID names listed here.

Indoor Grow Site 1	Planting Street Address 1	City	State	Zip	County	Own or Rent
			AR			
	Indicate type of greenhouse production:		Transplants Only (Either seeded or vegetative cuttings), or seasonal stock plants			
	Stock Plants, Year Round		Year-Round production with intent to harvest indoor plants			
	Location ID (unique name assigned by you)	Type of Structure †	GPS: Latitude Ex: 34.123456	GPS: Longitude Ex: -92.123456	Square Feet	
Bldg. 1						
Bldg. 2						
Bldg. 3						

• ATTACH A COPY OF LEGAL LAND DESCRIPTION. ATTACHED? Y N

Indoor Grow Site 2	Planting Street Address 2	City	State	Zip	County	Own or Rent
			AR			
	Indicate type of greenhouse production:		Transplants Only (Either seeded or vegetative cuttings), or seasonal stock plants			
	Stock Plants, Year Round		Year-Round production with intent to harvest indoor plants			
	Location ID (unique name assigned by you)	Type of Structure †	GPS: Latitude Ex: 34.123456	GPS: Longitude Ex: -92.123456	Square Feet	
Bldg. 1						
Bldg. 2						
Bldg. 3						

• ATTACH A COPY OF LEGAL LAND DESCRIPTION. ATTACHED? Y N

Indoor Grow Site 3	Planting Street Address 3	City	State	Zip	County	Own or Rent
			AR			
	Indicate type of greenhouse production:		Transplants Only (Either seeded or vegetative cuttings), or seasonal stock plants			
	Stock Plants, Year Round		Year-Round production with intent to harvest indoor plants			
	Location ID (unique name assigned by you)	Type of Structure †	GPS: Latitude Ex: 34.123456	GPS: Longitude Ex: -92.123456	Square Feet	
Bldg. 1						
Bldg. 2						
Bldg. 3						

• ATTACH A COPY OF LEGAL LAND DESCRIPTION. ATTACHED? Y N

† Type of structure may be a greenhouse, high tunnel, barn warehouse, etc.

11) STORAGE LOCATIONS (*AT LEAST ONE STORAGE LOCATION ID IS REQUIRED FOR ALL GROWER APPLICATIONS* \$100/each)

- Storage Location IDs are considered any building or structure where raw hemp materials will be stored or dried, including immediately after harvest while waiting for the Department to release your production lots via lab test results.
- You cannot wait to harvest your hemp plot(s) pending receipt of the Department’s lab test results, so Storage Location IDs are very important for this intermediate period.
- **Living/rooted plants are ONLY permitted inside a registered Greenhouse Location ID.** A Greenhouse Location ID can also be registered as a Storage Location ID on this page.

a) Enter information for the requested Storage Location ID(s) in the cells below. Be sure to include a unique Location ID name (determined by you) and six-digit “decimal degrees” GPS coordinates for each individual Storage Location ID.
NOTE: If approved, Location ID names will be printed on your License Certificate. All program paperwork **MUST** match Location ID names listed here.

Storage	Storage Street Address 1	City	State	Zip	County	Own or Rent
Site			AR			
1	Location ID (unique name assigned by you)	Type of Structure †	GPS: Latitude <i>Ex: 34.123456</i>		GPS: Longitude <i>Ex: -92.123456</i>	Square Feet
Bldg. 1						
Bldg. 2						
Bldg. 3						

Storage	Storage Street Address 2	City	State	Zip	County	Own or Rent
Site			AR			
2	Location ID (unique name assigned by you)	Type of Structure †	GPS: Latitude <i>Ex: 34.123456</i>		GPS: Longitude <i>Ex: -92.123456</i>	Square Feet
Bldg. 1						
Bldg. 2						
Bldg. 3						

Storage	Storage Street Address 3	City	State	Zip	County	Own or Rent
Site			AR			
3	Location ID (unique name assigned by you)	Type of Structure †	GPS: Latitude <i>Ex: 34.123456</i>		GPS: Longitude <i>Ex: -92.123456</i>	Square Feet
Bldg. 1						
Bldg. 2						
Bldg. 3						

† Type of structure may be a greenhouse, high tunnel, barn warehouse, etc.

12) Have you attached an aerial “Location ID” map for each requested Location ID listed on pages 6-8 of this application? One aerial map with labeled Location ID names is required for each street address. See the **2023 Application Instructions Packet for additional information, posted on the Hemp Program’s website.**

Yes

No

13) Will a signing authority or knowledgeable worker be readily available on the property during the growing season to meet with Department representatives and/or law enforcement?

Yes No

14) If any of your fields, greenhouses, or storage locations are leased/rented, please attach a signed written statement from the property owner indicating acknowledgement of hemp growing operations occurring on their land, authorization to use their land for such purposes, and acknowledgement that the Department and any law enforcement agency has the authority to enter the premises at any time with or without advanced notice. You MUST submit a signed land lease agreement as an attachment to this application for EACH leased location requested for licensure. If applicable, have you attached a land-lease agreement for each leased location requested for licensure?

Yes No Not Applicable (All Location IDs owned by Applicant)

15) POINT OF CONTACT (POC) INFORMATION: Please give information for the individual that will be handling licensing and reporting paperwork to the Department on behalf of the license. This is the person the Department will contact first for any questions about the license or any issues with paperwork. This can be a knowledgeable employee, secretary, family member, etc.

POC Name: _____ POC Phone: _____

POC Email: _____

16) PROGRAM WEBSITE LICENSEE PUBLIC LIST INFO: The information given below will be posted on the Department website for all active Hemp Program Licensees. If information is left blank, the Department will use information provided in any Section of this application.

Contact Name: _____ Contact Phone: _____

Contact Email: _____ County: _____

17) Applicants, including all signing authorities and company key participants, shall disclose the date and location of any conviction of any criminal offense (other than misdemeanor traffic offenses) committed in any jurisdiction. Failure to comply with this requirement in a complete and truthful manner shall be grounds for denial, suspension, or revocation of a license. The Department must receive the required Arkansas State Police criminal history background check no later than 14 days after the application has been received by the Department. The Department shall not accept a report from a criminal background check that occurred more than 60 days prior to application submission. Contact the Arkansas State Police Identification Bureau for instructions or refer to the Hemp Program website. **Make sure you request for the manual record check request from ASP for each signing authority and/or key participant. This is usually accomplished in person or by post mail.** Results MUST be released to the Department, as indicated on the ASP form titled "ASP-122 form". Visit https://static.ark.org/asp/pdf/asp_122.pdf for more information. Applicant must disclose any changes surrounding this information provided to the Department if approved for licensure with the Program.

Persons, Dates and Details of Convictions:

a) Have you, a signing authority, or key participant in your company ever been convicted of a felony within the last ten (10) years?

Yes No

If "Yes", provide dates and details about the conviction(s) that have occurred. Attach additional information as needed.

➤ SECTION V—Terms and Conditions

Hemp Grower Application Terms and Conditions

Read each acknowledgment statement below. Initial next to each statement to indicate your understanding and acceptance of each acknowledgement statement. Failure to acknowledge each statement may result in the denial of your application.

18) I acknowledge that my application fee of \$50 is nonrefundable. Payments for the application fee must be attached to the application and post-mailed to the Department. If submitting your application via e-mail to industrialhemp@agriculture.arkansas.gov, the \$50 application fee must be post-mailed to the Department with the first page of the application accompanying the application fee payment. The Department is not responsible for missing information due to formatting or printing errors on the user end. The Department is not responsible for applications lost in the mail or not received.

X _____

19) I acknowledge that the Department is not obligated to ask follow-up questions during the application review process. I further acknowledge that the written responses on this application and attachments should be the sole source of information under consideration for potential participation in the Program. *Incomplete applications will not be processed*

X _____

20) I acknowledge that I may not be approved for participation with the Arkansas Hemp Program. I understand that the Department is not obligated to accept my application for participation with the Program. Furthermore, I acknowledge that the Department has up to sixty (60) days to review an application for participation with the Arkansas Hemp Program.

X _____

21) I acknowledge that the deadline to submit a written appeal to the Department in the event of a denial of this application is fifteen (15) days following notification of application denial. I acknowledge that I will be alerted via e-mail regarding the approval or denial of my application. Furthermore, the decisions made by the Department are final and the Department is not obligated to accept or consider amendments, information, or documents that were not originally provided within the submitted application.

X _____

22) I acknowledge that there are various fees associated with the Arkansas Hemp Program. I acknowledge that I have reviewed the program fees listed in Section 14: Fees & Services of the Program Rules and have budgeted my operations accordingly. I acknowledge that if approved for licensure with the Hemp Program, the Department will issue me a licensing invoice via e-mail, and that failing to pay the licensing invoice within 30-days of receipt may result in the denial of this application.

X _____

23) I acknowledge that if approved for program participation, upon request from the Department, Arkansas State Police, or other state or local law enforcement officers, licensees must immediately produce a copy of this application for inspection, as well as a copy of their issued Grower License Certificate.

X _____

24) I affirm that if approved for participation with the Arkansas Hemp Program that I agree to abide by all licensing and reporting requirements associated with the Program, which includes the timely submission of Program reporting and request forms. Program Forms are located on the Program’s website, under “License Holders – Forms & Deadlines.” Program Forms for licensed growers may include, but are not limited to, those listed below:

- **New Variety Request Form** – due 3 weeks before seed or propagule purchase date if wishing to grow a hemp variety not listed/already approved within the “2022 Summary of Varieties List,” located on the Hemp Program’s website
- **Field Planting Report Form** – due within 15 days of each planting at an approved Field Location ID. If NO PLANTING will occur at a Field Location ID, a “NO PLANTING” Field Planting Report Form is due by July 31st
- **Indoor/Greenhouse Planting Report Form** – first due within 15 days of planting within an empty Greenhouse Location ID (“first planting quarter), then due quarterly throughout the calendar year for ALL approved Greenhouse Location IDs by: March 31 (Q1), June 30 (Q2), September 30 (Q3), & December 31 (Q4)
- **Harvest Request Form** – due 15 days prior to harvesting a plot; triggers an inspection and THC compliance sampling
- **Destruction Request Form** – due 15 days prior to destroying any industrial hemp material
- **Grower Production Report** – due by December 15th annually for all licensed growers who planted hemp
- **Site Modification Request Form** – due prior to ANY changes in licensed Location ID sites; you are only permitted to implement Location ID site changes after receiving approval in writing from the Department
- Any other licensing, reporting, or request forms as deemed necessary by the Program

X_____

25) I agree that, if approved for participation, Department Staff, Arkansas State Police, and other federal, state and local law enforcement agencies and drug suppression units may enter into any premises where industrial hemp or hemp products are located, with or without advance notice and with or without cause.

X_____

26) I acknowledge that all physical addresses and GPS coordinates of the location(s) to be used to grow, handle, or store industrial hemp must be submitted with this application. This application constitutes written consent by the applicant to allow the Department and its agents access to any listed Location ID as deemed necessary by the Department for evaluation, verification of program compliance, and progress of industrial hemp production. Furthermore, I acknowledge that any changes to licensed Location IDs must be submitted to the Department within a *Site Modification Request Form*, and that I am not permitted to implement location changes without first submitting a *Site Modification Request Form* and receiving an approval in writing from the Department.

X_____

27) I acknowledge that my name and all growing and storage locations will be reported to the USDA, the Arkansas State Police (ASP), the federal Drug Enforcement Administration (DEA), and other law enforcement agencies. In addition, my name, county, and contact information will be released to the public on the Department Hemp Program’s website.

X_____

28) I acknowledge that I or an authorized representative of the operation who is knowledgeable about the hemp operations shall be available on location by appointment for on-site visits by the Department for the purpose of inspection or compliance sampling.

X_____

29) I accept the inherent risk associated with participation in a program focusing on a new agricultural crop. I acknowledge that both personal and financial loss may be possible and agree that the Department is not responsible for reimbursing or compensating any program participant for any loss resulting from involvement with the Program, or for any acts by the Department or its agents in the administration of the Program.

X _____

30) I acknowledge that participants are required to reapply on an annual basis, and all participants must annually complete the Grower Application and pay all required program fees invoiced to me. Past participation does not guarantee or imply automatic approval for future participation. Furthermore, I acknowledge that if approved for participation with the program, that my license will be valid from July 1st to June 30th annually, which is known as the 'fiscal-year.' I acknowledge that if I am a new licensee in the program, my newly issued license will expire on June 30th and that I will follow the established renewal protocol, which includes an additional licensing fee payment of \$200.

X _____

31) I recognize that hemp is a restricted crop. As such, it is illegal to grow or possess raw industrial hemp materials in Arkansas outside the auspices of the Department Hemp Program. If I become ineligible to continue participation in this program, I will be required to divest possession of all industrial hemp materials to an approved Department Industrial Hemp program participant, or destroy all of my industrial hemp materials in the presence of the Department and/or a member of law enforcement.

X _____

32) I acknowledge that I am responsible for the monitoring and destruction of any hemp volunteer plants for three (3) years following cultivation regardless of land lease or ownership status during that time. I also acknowledge that I am not permitted to harvest or market any volunteer hemp plants without written prior approval from the Department. Furthermore, I acknowledge that the responsibilities associated with the monitoring and destruction of any hemp volunteer plants for three (3) years following cultivation may be transferred to another entity by written mutual agreement with both parties' signatures, and that this written statement will be provided to the Department.

X _____

33) I acknowledge that I am responsible for maintaining all records associated with my hemp operations and agree to provide the Department with such records when requested, including but not limited to those for agronomics, contracts, sampling, storage, expenses, transportation and delivery, and invoices. Furthermore, I agree that all records will be kept and stored within Arkansas and made available to the Department upon request, and that an in-state agent shall be maintained for receipt of records, notices, and service of process.

X _____

34) I agree to abide by all Program Rules stated in Section 3: Land Use Restrictions, including: (1) not to grow, store, process or handle any industrial hemp within any structure used for residential purposes, (2) not to grow, store, process or handle any industrial hemp within 1,000 feet of a school, daycare, or similar public areas frequented by children, (3) not to plant or grow any cannabis that is not industrial hemp, (4) not to plant or grow industrial hemp on any site not listed or licensed within my application or approved *Site Modification Request Form*, (5) not to plant industrial hemp at an outdoor growing location of less than one-quarter (0.25) acre and 1,000 plants, and (6) to post signage at each Field Location ID plot with all information listed in Section 3(F) of the Program Rules.

X _____

35) I agree to update the Department with any changes or deviations associated with my license within thirty (30) days of a change for the duration of the license. These changes or deviations include but are not limited to changes to mailing or street address(es), company name(s), signing authorities or key participant(s) information, and contact information.

X_____

36) I acknowledge that selling or transporting, or permitting the sale or transfer of raw industrial hemp material, including living plants, viable hemp seeds, living or dried/ground leaf material, or floral material, to any person or entity within the state who does not hold a license issued by the Department is a violation of the Arkansas Hemp Production Act of 2021 (A.C.A. § 2-15-501, *et seq.*), this Grower Licensing application, and Arkansas Hemp Research Program Rules. Furthermore, I agree not to sell or transfer, or permit the sale or transfer, of raw industrial hemp material, including living plants, viable hemp seeds, living or dried/ground leaf material, or floral material to any unauthorized person or entity outside the state. I agree to always verify hemp license certificates and to retain copies of those license certificates before dealing business with any person or entity within or outside the state. I recognize that this type of raw hemp material is only permitted to be grown, handled, processed, or stored at licensed Location IDs within the state.

X_____

37) I agree to comply and abide by the Program sampling and testing requirements prior to harvesting or destroying any hemp plants in accordance with the Program’s published *Sampling, Testing, Remediation and Disposal Guidelines* (located on the Program’s website) and the Hemp Research Program Rules. I acknowledge that I am not permitted to harvest or destroy any hemp plants or hemp material without first submitting either a *Harvest Request Form* or *Destruction Request Form* with the Department. Furthermore, I acknowledge that once a *Harvest Request Form* is submitted for requested harvest plots and the Department collects pre-harvest compliance samples from those requested plots, that I have fifteen (15) days to completely harvest the requested plots.

X_____

38) I acknowledge that the Hemp Program utilizes e-mail address communications regularly as a primary communication tool and agree to ensure to my email is checked and monitored on a regular basis for correspondence between myself and the Department. I also acknowledge that due to the time-sensitive nature of the Hemp Program that all reporting and request forms must be submitted to the Program via e-mail at industrialhemp@agriculture.arkansas.gov. It is my responsibility to ensure the Department receives all program reporting and request forms within a timely manner and by associated due dates. I also acknowledge that I have visited and familiarized myself with the Hemp Program’s website (<https://www.agriculture.arkansas.gov/hemp-home>), the 2022 Hemp Program Orientation PowerPoint, the Program Rules, and all Program Reporting and Request Forms posted on the Program’s website.

X_____

39) I agree not to hinder or obstruct the Department or any law enforcement agency in the performance of their duties. I also acknowledge that providing the Department with false, misleading, or incorrect information pertaining to my hemp operations may result in the suspension or revocation of my license.

X_____

By signing below, I attest that I am the applicant applying for licensure with the Arkansas Hemp Program and that all information contained within this *Grower Application* is true and accurate to the best of my knowledge. I further acknowledge that providing false or misleading information to the Department may result in enforcement action against me by the Department, which may result in license suspension or revocation.

Print Name of Applicant

Applicant Title

Signature of Applicant

Date

Application & Attachment Review Checklist

Check all statements or attachments below that you are submitting within this application. In addition to those listed, attachments may include extended answers to any question in the application, a business plan, or other supporting documents. If the attachment is supplementary information to a question in this form, be sure to 1) include the question number on the document; and 2) start each new question attachment on a new page. If your application is missing any required attachments or incomplete, it will not be processed or further considered for program approval. You will be assessed an additional application fee upon resubmission.

- REQUIRED:** Application Fee: Check or Money Order for \$50 made payable to the Arkansas Department of Agriculture.
- REQUIRED:** Copy of DL or ID for each signing authority and, if applicable, all company key participant(s).
- REQUIRED:** ASP Criminal History Background Check submitted to ASP and released to the Arkansas Department of Agriculture.
- REQUIRED:** If applying for "Research Only" license, a Research Plan - detail of the hemp research you are interested in conducting.
- REQUIRED:** Evidence of agriculture or research experience as detailed in Question 5.
- REQUIRED:** Labeled aerial "Location ID" map(s) **AND** copies of Legal Land Description(s) for each requested Field, Greenhouse, and Storage Location ID. **At least one (1) Storage Location ID is required for Grower application approval.**
- REQUIRED:** Land Lease agreement (**if applicable**) and acknowledgement from landowner that they understand hemp will be grown, handled, stored, or processed on their property, and that they agree to abide by program rules.
- REQUIRED:** OCSE Form (**if applying for Individual Producer License; license will be issued in your proper name**)

Submission of Application(s)

Submit application(s) via e-mail:

It is **highly** recommended that you e-mail entire applications as an PDF attachment to industrialhemp@agriculture.arkansas.gov. If you are emailing your application(s) to the Department, **you MUST post-mail the \$50 application fee payment to the mailing address below with a copy of Page 1 from the application included within the mailing envelop**. Failure to provide application fee payment with a copy of Page 1 from this application may delay the Department's application review process.

Submit application(s) via post-mail:

Post-mail your completed application(s) and attachments to the below street address and attach check or money order for the \$50 application fee.

The Department is not responsible for missing information due to formatting or printing errors on the user end, nor for applications lost in the mail or not received.

Please do not drop-off application(s) in-person; kindly e-mail or post-mail completed application(s).

Arkansas Department of Agriculture

ATTN: Hemp Research Program

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