

Arkansas Department of Agriculture

Signing Authority for Business Entities Form

Industrial Hemp Research Program
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 Little Rock, AR 72205
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If applicable, indicate the name and contact information below for an additional person who may have signing authority for the business entity in matters related to the program. Co-signing on behalf of another program participant is not allowed. If multiple additional signing authorities are desired, submit additional copies of this page.

NOTE: All items must be completed; insert N/A if information is not applicable.

1. COMPANY INFORMATION

LICENSE HOLDER / COMPANY NAME:		
PRINCIPAL STREET ADDRESS: (P. O. Box will not be accepted)		
CITY:	STATE:	ZIP:
TYPE OF ORGANIZATION: (Check one)		
SOLE PROPRIETORSHIP	CORPORATION – STATE OF INCORPORATION: _____	
NON-PROFIT ORGANIZATION	LLC (LIMITED LIABILITY COMPANY) – STATE OF FORMATION: _____	
PARTNERSHIP		

2. NAMES OF OFFICERS, OWNERS OR PARTNERS

PRESIDENT:	VICE PRESIDENT:	SECRETARY:
TREASURER:	OTHER OFFICERS, OWNERS OR PARTNERS: <i>(add attachments if necessary)</i>	

3. PERSONS AUTHORIZED TO SIGN DOCUMENTS ON BEHALF OF THE COMPANY

NAME	OFFICIAL CAPACITY	TELEPHONE NUMBER

CERTIFICATION – By signing below, I certify that information supplied herein (including all pages attached) is correct and the persons listed in Section 3 of this form are authorized to sign forms for the License Holder/Company listed above.

NAME AND TITLE OF PERSON AUTHORIZED TO SIGN (TYPE/PRINT) Please note that only persons listed in block 2 may sign this document	SIGNATURE: (wet signature required)	DATE SIGNED: