

# Arkansas Hemp Program

Processor/Handler Application Accepted Year-Round

OFFICE USE ONLY



## ARKANSAS DEPARTMENT OF AGRICULTURE PLANT INDUSTRIES DIVISION

# 2023 HEMP PROCESSOR / HANDLER APPLICATION (FY2023 – FY2024)

**THIS SECTION TO BE COMPLETED BY STATE OFFICIAL**

License Number:	Comments:
Expiration Date:	

**NEW APPLICATION**

**RENEWAL APPLICATION:** \_\_\_\_\_  
Hemp License Number

➤ **SECTION I – APPLICANT INFORMATION**

**Application Date:** \_\_\_\_\_

Please  the type of Processor/Handler License you are applying for:

**Commercial  
Processor/Handler  
License**

**Research  
Only**

APPLICANT NAME & EIN (if applicable): \_\_\_\_\_

APPLICANT BUSINESS ADDRESS: \_\_\_\_\_  
Street or PO Box City State Zip Code County

APPLICANT BUSINESS EMAIL: \_\_\_\_\_

APPLICANT BUSINESS PHONE: \_\_\_\_\_

**APPLICANT COMPANY/ENTITY TYPE:**

Please  the appropriate box below: Are you applying for an Individual License or a Company License?

<p><b>Individual Producer</b> (OCSE Form Required)</p>	<p><b><u>Company/Entity Registration Type:</u></b></p> <p>Corporation - State of Incorporation: _____</p> <p>Non-Profit Organization</p> <p>Partnership</p> <p>Limited Liability Company - State of Formation: _____</p> <p>Sole Proprietorship</p> <p>State University or other Research Institution</p>
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➤ **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]**

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

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

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

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

➤ 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 PORTION 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]**

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ ID/DL #: \_\_\_\_\_

Email: \_\_\_\_\_

Date Background Check Submitted to ASP: \_\_\_\_\_

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ ID/DL #: \_\_\_\_\_

Email: \_\_\_\_\_

Date Background Check Submitted to ASP: \_\_\_\_\_

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ ID/DL #: \_\_\_\_\_

Email: \_\_\_\_\_

Date Background Check Submitted to ASP: \_\_\_\_\_

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ ID/DL #: \_\_\_\_\_

Email: \_\_\_\_\_

Date Background Check Submitted to ASP: \_\_\_\_\_

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

➤ **SECTION IV – PROCESSOR/HANDLER INFORMATION**

Fill out your planned processing or handling information below.

- 1) **Indicate the intended production focus of your 2023 calendar year season** (check all that apply).

**NOTE:** Applied Program Fees are determined by the Processor/Handler’s hemp production focus selected below.

Grain

Fiber

Floral Material (CBD, Other Phytocannabinoids, terpenoids, or any other extracts)

Handler (Seed Cleaner) or

Other Handler Service Provider: Indicate Type: \_\_\_\_\_

Research

- 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 a current Dept. employee who is a family member	Relationship	Dept. Office, if known

- 4) **RESEARCH APPLICANTS ONLY—ATTACH A HEMP PROCESSOR/HANDLER 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 in 2023 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 License

- 5) **ACQUISITION OF HEMP MATERIALS:** Identifying and purchasing industrial hemp materials is the responsibility of the license holder, not the Department. Explain your industrial hemp material acquisition plan by indicating the material you intend to process, handle, or store, by completing the table below.

**List the raw hemp materials you plan to acquire for processing or handling. If processing, include the intended products or byproducts resulting from your processing of hemp.**

	List Raw Hemp Material	List Products and/or Byproducts, and intended use
1.		
2.		
3.		
4.		

7) If processing hemp for grain or floral material, do you intend to produce food grade products?

Yes

No

**Note: The Department has the authority to collect and retain samples of industrial hemp and any products derived from all industrial hemp in the possession of a Licensed Processor/Handler.**

- a. If final products are any type of consumable and are intended for human consumption (food, tinctures, etc.) the processor/handler is responsible for obtaining any required food safety permits to be compliant with state/federal food or consumption laws/rules. The processor is responsible for checking with state & federal authorities for these requirements.
- b. Industrial hemp for food for human consumption must be tested with a third-party laboratory for non-approved pesticide or herbicide use.

8) Do you intend to use existing infrastructure to handle or process industrial hemp?

Yes    **If “Yes”, describe your existing infrastructure (buildings and equipment) below in 8a) or attach additional attachments to this application, if needed.**

No    **If “No”, explain your plans to develop the infrastructure (buildings and equipment) necessary to handle industrial hemp for your proposed operations below in 8a) or attach additional attachments to this application, if needed. List the specific equipment you intend to use.**

8a)

9) Provide a timeline for the critical steps supporting your hemp processing or handling operations – *i.e.* when you will acquire equipment & have it in place, when you will receive materials, when you expect to generate and sell products, etc. **Attach additional attachments to this application, if needed.**

**10) PROCESSING/HANDLING LOCATIONS (\$100 for each Processing/Handling Location ID)**

Enter "Location ID" information for requested PROCESSING/HANDLING addresses in the tables below. **Unique Location ID names are assigned by you, the applicant, for example: "PROCESSING 1," "LABORATORY," etc.** Attach copies of this page if you have more than three processor/handler street address locations. Attach labeled aerial "Location ID" maps of each address listed. Storage location information is located on the next page. Refer to the *2023 Application Instructions* document for additional help.

<p>a) Enter information for requested processing/handler address(es) 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 Processing/Handling site. NOTE: If approved, Location ID names will be printed on your License Certificate.</p>						
P/H Site 1	Processor/Handler Address 1	City	State	Zip	County	Own or Rent
			AR			
	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						
P/H Site 2	Processor/Handler Address 2	City	State	Zip	County	Own or Rent
			AR			
	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						
P/H Site 3	Processor/Handler Address 3	City	State	Zip	County	Own or Rent
			AR			
	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						

† Type of structure may be a warehouse, commercial garage, barn, etc.

**11) STORAGE LOCATIONS**    (\$100 for each Storage Location ID)

Enter "Location ID" information for requested STORAGE street addresses in the tables below. **Unique Location ID names are assigned by the applicant, for example: "PROCESSING 1," "LABORATORY," etc.** Attach maps of each address listed. Attach copies of this page if you have more than three storage street address locations. Refer to the *2023 Application Instructions* document for additional help.

- Storage Location IDs are considered any building or structure where raw hemp materials will be stored or dried, including immediately after harvest.
- Living/growing/rooted plants are **ONLY** permitted to be in the possession of a licensed Grower.

a) Enter information for 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.

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

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

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

† Type of structure may be a warehouse, commercial garage, barn, etc.

**12) Have you attached an aerial "Location ID" map for each requested Location ID listed on pages 6-7 of this application? One aerial map with labeled Location ID names is required for each street address. See the 2022 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 to meet with Department representatives and/or law enforcement?

Yes No

14) If any of your buildings, processing facilities, or storage locations are leased/rented, please attach a signed written statement from the property owner indicating acknowledgement of hemp processing/handling operations occurring on their property, 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 as a Location ID. 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 INFORMATION: 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 "Application" tab. **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](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 Processor/Handler 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](mailto: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 Processor/Handler 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 reporting and request forms. Program Forms for licensed Processor/Handlers may include, but are not limited to, those listed below:

- **Processor/Handler Production Report** – due by December 15<sup>th</sup> annually for all licensed processor/handlers
- **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 process, 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 harvest/destruction 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 Processor/Handler 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 1<sup>st</sup> to June 30<sup>th</sup> 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 30<sup>th</sup> and that I will follow the established renewal protocol, which includes an additional licensing fee payment.

X \_\_\_\_\_

31) I recognize that hemp is a restricted crop. As such, it is illegal to grow, handle, store or process raw industrial hemp materials in Arkansas outside the auspices of the Department's 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 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 \_\_\_\_\_

33) 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 \_\_\_\_\_

34) 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 \_\_\_\_\_

35) 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 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](mailto: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\_\_\_\_\_

38) 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 *Processor/Handler 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.

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Print Name of Applicant

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Applicant Title

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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 of the hemp research you are interested in conducting
- REQUIRED:** Labeled aerial "Location ID" map(s) for each requested Processing, Handling, and Storage Location ID.
- REQUIRED:** Land Lease agreement (**if applicable**) and acknowledgement from landowner that they understand hemp will be 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 application as an attachment to [industrialhemp@agriculture.arkansas.gov](mailto: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 this 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  
1 Natural Resources Drive  
Little Rock, AR 72205  
(501) 225-1598

[industrialhemp@agriculture.arkansas.gov](mailto:industrialhemp@agriculture.arkansas.gov)

