

INDUSTRIAL HEMP PILOT PROGRAM GROWER APPLICATION

PART 1 – APPLICANT INFORMATION

Last Name _____ First Name _____

Business Name (Name which the license will be under- not required if the license will be under the applicant name)

Physical Street Address (no PO Box) _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Primary Phone _____ Primary Email _____

Authorized Representatives

If other individuals will be authorized to receive hemp seed on behalf of your license and act as a responsible party under the license (such as communicating with the Minnesota Department of Agriculture or filing reports on behalf of the license), they must be listed here. All authorized representatives must also pass a background check.

Last Name _____ First Name _____ Phone _____

Last Name _____ First Name _____ Phone _____

Have you ever previously held an MDA Hemp Pilot Program License? Yes No

(If No, a background check is required – please submit fingerprints, the background check request form, and a \$37 payment for each person along with this application)

PART 2 – INDUSTRIAL HEMP FIELD/ GROW LOCATION INFORMATION

Number of Individual Locations to Plant _____ **Total Acres/Indoor Square Feet** _____

Grow Locations

Provide as much information for each grow location listed below as possible. (A detailed map must be submitted with application showing each grow location relevant to the nearest municipality and navigable roads). You may give either the legal land description OR the GPS point **AND** the address.

Grow Location 1

Acreage/Indoor Square Feet _____ Check One: Indoor Outdoor

TWP _____ Range _____ Section _____ 1/4 Section _____

GPS Point of Center of Grow Location Latitude _____ Longitude _____

Grow Location Address _____ City _____ State _____ Zip _____

Grow Location Owner/Inhabitant, *if different from the pilot*

Name _____ Phone _____ Email _____

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Grow Location 2

Acreage/Indoor Square Feet _____ Check One: Indoor Outdoor

TWP _____ Range _____ Section _____ 1/4 Section _____

GPS Point of Center of Grow Location Latitude _____ Longitude _____

Grow Location Address _____ City _____ State _____ Zip _____

Grow Location Owner/Inhabitant, *if different from the pilot*

Name _____ Phone _____ Email _____

PART 3 – RESEARCH GOALS

Explain the industrial hemp research you are interested in conducting. Include your plans for site selection, planting, maintenance, harvesting, post-harvesting utilization, and *intended end products* of the hemp. Any proposed research projects must be explained in detail at this time. You may attach additional sheets if needed.

Breeding efforts will not be approved unless pilot is working under the supervision of an academic breeding expert. All seed must be approved by MDA prior to placing seed order.

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PART 4- PROCESSING INFORMATION

Check all that apply:

I will process my own hemp on-site.

(Processor license is also required, but you will not pay additional fees. Please also submit processor license)

I will process hemp supplied by or purchased from other growers.

(Processor license required, but no additional fees. Please also submit processor application)

I will send the hemp I grow to an off-site processor (No additional license needed)

Unknown at this time

I hereby certify that the information contained in and submitted with this form is true and correct.

Signature _____ Date _____

Name *(please print)* _____

SUBMIT FORM TO:

MDA Plant Protection
Attention: Industrial Hemp Pilot Program
625 Robert Street North
Saint Paul, MN 55155-2538

FOR FURTHER INFORMATION CONTACT:

Margaret.Wiatrowski@state.mn.us
651-201-6123