

INDUSTRIAL HEMP PILOT PROGRAM PROCESSOR/HANDLER APPLICATION

DEFINITIONS

An **industrial hemp processor/handler** is a person or business that stores, handles, or converts raw industrial hemp into a marketable product (including seed or clone sales).

Raw industrial hemp means whole plants, whether growing or not, and the stalks, viable seeds, unaltered flowers or leaves, or any plant pieces or parts not minimally processed.

Processing means rendering industrial hemp plants or plant parts from the natural or original state after harvest by marginal refinement such as, but not limited to, decortication, devitalization, chopping, crushing, or packaging.

A processing location means any area, building, plant, or facility registered with and approved by the department in which a licensee will store or make industrial hemp into a marketable product in the state of Minnesota. Licensed hemp processors may only process or store raw hemp in an approved and registered facility.

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 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 _____

Shareholders, Members or Partners of the Business

A background check is not needed for each unless they will be operating as a authorized representative under the license. List below:

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 PROCESSING/STORAGE LOCATION INFORMATION

Processing/Storage Location 1

Location Name _____ County _____

Street Address _____ City _____ State _____ Zip _____

GPS Point of Location Latitude _____ Longitude _____

Building/Land Owner, *if different from the pilot*

Name _____ Phone _____ Email _____

Processing/Storage Location 2

Location Name _____ County _____

Street Address _____ City _____ State _____ Zip _____

GPS Point of Location Latitude _____ Longitude _____

Building/Land Owner, *if different from the pilot*

PART 3 – RESEARCH GOALS

Explain the industrial hemp research you are interested in conducting. Include your plans for post-harvest utilization, processing, 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.

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