

**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