**PART 1 – APPLICANT INFORMATION** 

## 625 Robert Street North, Saint Paul, MN 55155-2538 www.mda.state.mn.us

PLANT PROTECTION DIVISION Phone: 651-201-6123 Minnesota Statute 18K

## 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.

Last Name	First Name		
Legal Business Name (optional)			
Doing Business As/DBA Name (optional)			
Physical Street Address (no PO Box)	City	State	Zip
Mailing Address (if different)	City	State	Zip
Primary Phone	_ Primary Email		
(If No, a background check is required – please submit fingerprints, each person along with this application)  PART 2 – INDUSTRIAL HEMP PROCESSING/STORAGE LOCATION		form, and a \$37	payment for
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 \_\_\_\_\_ GPS Point of Location Latitude \_\_\_\_\_\_ Longitude \_\_\_\_\_ Building/Land Owner, 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 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