**Rhode Island Department of Business Regulation**

**Office of Cannabis Regulation**

**Renewal Application for Industrial Hemp Program License**



**Publication Release Date:**

**March 2021**

**For additional information regarding the Industrial Hemp Program and the Application process, please visit the Department’s website at:** <http://www.dbr.ri.gov/>

**Department of Business Regulation**

**Attn: Industrial Hemp Program**

**560 Jefferson Blvd. Suite 204**

**Warwick, RI 02886**

**Phone: (401) 462-9500**

**Email:** [dbr.hempcompliance@dbr.ri.gov](mailto:dbr.hempcompliance@dbr.ri.gov)

**Hours: Monday – Friday 8:30 am to 4:00 pm**

**(Please answer each question in the space provided. If a question is not applicable to your renewal application, please indicate by “N/A”.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **COMPANY NAME or INSTITUTION OF HIGHER EDUCATION[[1]](#footnote-1)**  **(legal name, and any d/b/a name(s), if applicable)** | |  | |
| **2** | **COMPANY STREET ADDRESS** | |  | |
| **3** | **CITY, STATE, ZIP** | |  | |
| **4** | **TELEPHONE NUMBER** | | | |
| **AREA CODE** | **NUMBER:** | | **EXTENSION:** |
| **5** | **FAX NUMBER** | | | |
| **AREA CODE** | **NUMBER:** | | |
| **6** | **EMAIL** |  | | |

|  |  |  |
| --- | --- | --- |
| **7** | **LICENSE TYPE**  **(select one):** | **Grower**  **Handler**  **Dual (Grower and Handler]** |
| **8** |  |  |
| **9** | **STREET ADDRESS OF LICENSED PREMISES** |  |
| **10** | **CITY, STATE, ZIP** |  |
| **11** | **ASSESSOR’S PLAT/LOT # OF LICENSED PREMISES** |  |
| **12** | **IF PREMISES DOES NOT ABUT PUBLIC ROAD, NEAREST PUBLIC ROAD OF ACCESS** |  |
| **13** | **GLOBAL POSITIONING SYSTEM (“GPS”) COORDINATES OF PREMISES** |  |
| **14** | **GROWING AREA** | **Indoor**  **Outdoor** |
| **15A** | **IF INDOORS:**  **DIMENSIONS AND SQUARE FOOTAGE OF GROWING AREA USED** |  |
| **15B** | **IF OUTDOORS:**  **ACREAGE OF GROWING AREA USED** |  |
| **16A** | **DESCRIPTION OF BUILDING(S) ON THE PREMISES USED FOR GROWING/HANDLING** |  |
| **16B** | **DIMENSIONS AND SQUARE FOOTAGE OF BUILDING(S) USED FOR GROWING/HANDLING** |  |
| **17** | **DESCRIPTION OF TRACKING SYSTEM USED BY LICENSEE** |  |
| **18** | **Contact Person for providing information, notices, signing documents, or ensuring actions are taken per the Act and Regulations.** | |
| **Name:** | |
| **Title:** | |
| **Address:** | |
| **Email Address:** | |

|  |  |  |
| --- | --- | --- |
| **19** | **APPLICANT SIGNATURE** | |
|  | **SIGNATURE:**  **Its duly authorized (print title):** | **DATE:**  Click here to enter a date. |

**FORMS/DELIVERABLES CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| **FORM/DELIVERABLE** | **DESCRIPTION** | **Included**  **Yes** | **Not**  **Included** |
| **FORM 1** | **Statement Regarding Ownership/Consent to Use of Licensed Premises** |  |  |
| **FORM 2** | **Disclosure of Owners and Other Interest Holders** |  |  |
| **FORM 3** | **Business License Identification Form** |  |  |
| **FORM 4** | **Taxpayer Status Affidavit / Identity Form** |  |  |
| **FORM 5** | **Licensing Agreement** |  |  |
| **FORM 6** | **Mandatory Questions** |  |  |
| **RI QUALIFICATION** | **If Licensee is an entity,** **evidence of qualification to do business with the RI Secretary of State** |  |  |
| **MAP/PHOTOGRAPH** | **Map or aerial photograph showing boundaries, dimensions and square footage of growing area and referencing GPS coordinates** |  |  |
| **SOURCE CERTIFICATE** | **Certificate(s) of analysis or other documentation confirming certified source** |  |  |
| **License Renewal FEE** | **Licensee fee of $2,500, in the form of cashier’s check or money order payable to General Treasurer, State of Rhode Island** |  |  |

**Licensee must submit: (1) a signed, paper copy of the completed Renewal Application with all completed Forms and Deliverables to the mailing address noted below, and (2) an electronic copy of the completed Application with all completed Forms and Deliverables to the email address noted below:**

|  |  |
| --- | --- |
| **Mail/Deliver Paper Copy to: and**  **Attn: Industrial Hemp Program Department of Business Regulation 560 Jefferson Blvd. Suite 204**  **Warwick, RI 02886** | **Email an electronic copy to:**  [**dbr.hempcompliance@dbr.ri.gov**](mailto:dbr.hempcompliance@dbr.ri.gov) |

**Industrial Hemp License Renewal Application**

**Act and Regulations:**

Pursuant to The Hemp Growth Act, Rhode Island General Laws § 2-26-1 *et seq*. (the “Act”) and the *Rhode Island Industrial Hemp Program Regulations*, 230-RICR-80-10-01 (the “Regulations”) the Department of Business Regulation is responsible for licensing industrial hemp growers and handlers. It is required that all Licensees thoroughly review the Act and the Regulations governing license application procedures and licensee requirements. The Act and Regulations are available on the Department’s website at: [**http://www.dbr.ri.gov/**](http://www.dbr.ri.gov/)**.**

**Inspections, Registry Identification Cards and License Fee:**

The Department may require an inspection of the licensed premises before approving a Renewal Application in order to verify information contained in the Renewal Application Additionally, all registry identification card requirements, including completion of national criminal background checks, payment of the licensing fee, and all other licensing conditions and requirements under the Act and Regulations must be satisfied prior to the Department’s issuance of a license.

The biennial license fee of $2,500.00 (cashier’s check or money order, payable to General Treasurer, State of Rhode Island) must be paid to the to the Department with the Renewal Application.

**Application Information:**

This Renewal Application form is an **OFFICIAL DOCUMENT** of the Rhode Island Department of Business Regulation. It **MAY NOT**be altered or changed in any fashion except to fill-in the areas provided with the information that is required. Should any alteration or revision of a question occur, the Department reserves the right to deny the Renewal Application in its entirety, or the Department may deem void that specific response and treat that section as unanswered.

* The Department may deny a Renewal Application that contains a misstatement, omission, misrepresentation, or untruth.
* The Department may deny a Renewal Application if Licensee fails to demonstrate to the Department’s satisfaction that it adequately meets the qualifications outlined in this document and that it will satisfy all requirements under the Regulations and the Act.
* A Renewal Application must be completed in every material detail, including all of the mandatory sections that are marked with an asterisk (\*).
* The Department may request any additional information that it determines is necessary to process and fully vet a Renewal Application including inspection of existing facilities. The Licensee shall provide all information, documents, materials, and certifications at the Licensee’s own expense.
* The Licensee is under a continuing duty to promptly apply for a variance for any changes in owners, directors, officers, shareholders, managers, members, and consulting/partnering parties. **The duty to make such additional disclosures shall continue throughout any period of any license that may be granted by the Department.**
* All notices regarding a Renewal Application submission will be sent to the Licensee’s email address provided on this form. The Licensee must immediately notify the Department if the Applicant’s email address changes.
* All submissions with and for this Renewal Application become the property of the Department and will not be returned.

The Renewal Application is only considered complete if all of the required components are submitted to the Department. A Licensee who submits an incomplete renewal Application shall receive written notification from the Department regarding the specific deficiencies and shall be allowed to resubmit additional material to address these deficiencies within a reasonable timeframe.

Read each question carefully. Answer each question completely. Do not leave blank spaces. If a question does not apply, write “Does Not Apply” or “N/A.” If the correct answer to a particular question is “None,” write “None.” If a question has an asterisk (\*), it is mandatory and must be completed. Answering a mandatory question with “Does Not Apply” or “N/A” is insufficient.

The submittal of a Renewal Application constitutes acceptance of the requirements, administrative stipulations, and all of the terms and conditions of this Renewal Application. All costs and expenses incurred in submitting a Licensee in response to this Renewal Application will be borne by the Licensee.

**Questions**:

All questions about the Renewal Application or Renewal Application process should be forwarded to the Department of Business Regulation **by email** to [dbr.hempcompliance@dbr.ri.gov](mailto:dbr.hempcompliance@dbr.ri.gov) with the subject line “**Hemp License Application Question**.” Questions and answers of a general nature may be posted on the Department of Business Regulation website at [**http://www.dbr.ri.gov/**](http://www.dbr.ri.gov/)**.**

**FORM 1\***

**Statement Regarding Ownership/Consent to Use of Licensed Premises**

Please check the box below which describes the status of the proposed licensed premises:

Check below to select (1) or (2):

|  |  |  |
| --- | --- | --- |
|  | 1. | The Licensee is the owner of the licensed premises described in this renewal application, including the growing area, land area and any building used for cultivation or handling of industrial hemp.  *(If this #1 is selected, the Applicant must sign this Form below*) |
|  | 2. | The person/entity named below is the owner of the licensed premises described in this renewal application, including the growing area, land area and any building used for cultivation or handling of industrial hemp, and such owner has consented to Applicant’s use of the premises for such purpose.  *(If this #2 is selected, the Applicant and the Owner must sign this Form below).* |

The undersigned hereby acknowledge and agree to the foregoing.

Licensee:

Click here to enter a date.

Authorized Signatory Date

Printed Name

Printed Name

Owner:

Click here to enter a date.

Authorized Signatory Date

Printed Name

Printed Name

**Notice Pertaining to Testing**

The Licensee acknowledges and agrees as follows:

The Licensee will be required to comply with the testing requirements set forth in the Regulations performed in accordance with the Rhode Island Department of Health (“RIDOH”) Testing Regulations (as defined in the Regulations). The licensee is responsible for the cost and expense of such testing.

Click here to enter a date.

Authorized Signatory Date

Printed Name

Printed Name

**Notice Pertaining to National Background Checks\***

The Licensee acknowledges and agrees as follows:

All officers, directors, owners, shareholders, managers, members, and agents of the Licensee must submit to a national criminal background check.

All officers, directors, owners, shareholders, managers, members, employees, and agents of the Licensee must apply for a registry identification card Such individuals may be hired, appointed, or retained prior to receiving a registry identification card and background check, if applicable, but may not begin engagement in hemp cultivation, production or other license activities until satisfaction of these items. Upon review of the license renewal application, DBR may also require that any person partnering or providing consulting services or who will be otherwise materially involved in the proposed license activities apply for a registry identification card and submit to a national background check.

Click here to enter a date.

Authorized Signatory Date

Printed Name

Printed Name

**HEMP PROGRAM - FORM 2\***

**Disclosure of Owners and Other Interest Holders**

**Name of Applicant/Licensee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part I: Owners** **and Other Interest Holders** | | | | | | | | |
| List (A.) all persons and/or entities with any ownership interest with respect to the applicant/licensee, **and** (B.) all officers, directors, members, managers or agents of the applicant/licensee (all persons and entities described in (A)-(B) being hereinafter individually referred to as an “Interest Holder” and collectively referred to as “Interest Holders”).  To the extent that any Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level; provided, however, that if any entity is a publicly traded company, as to the owners of that publicly traded company, you need only list persons and/or entities owning 5% or more of such entity. Attach a separate sheet(s) if necessary. | | | | | | | | |
| 1. **LIST ALL PERSONS AND/OR ENTITIES WITH ANY OWNERSHIP INTEREST IN THE APPLICANT/LICENSEE (including corporation stockholders; LLC members; and partners if a partnership; this includes parent companies if the applicant/licensee is a subsidiary of another entity).**   To the extent that any Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level; provided, however, that if any entity is a publicly traded company, as to the owners of that publicly traded company, you need only list persons and/or entities owning 5% or more of such entity. | | | | | | | | |
| Name | Title | | | SSN/FEIN | | DOB | | Staff App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Own. % Business Associated with | | | | | Effective Own. % in Applicant | |
| Name | Title | | | SSN/FEIN | | DOB | | Staff App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Own. % Business Associated with | | | | | Effective Own. % in Applicant | |
| Name | Title | | | SSN/FEIN | | DOB | | Staff App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Own. % Business Associated with | | | | | Effective Own. % in Applicant | |
| Name | Title | | | SSN/FEIN | | DOB | | Staff App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Own. % Business Associated with | | | | | Effective Own. % in Applicant | |
| Name | Title | | | SSN/FEIN | | DOB | | Staff App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Own. % Business Associated with | | | | | Effective Own. % in Applicant | |
| Name | Title | | | SSN/FEIN | | DOB | | Staff App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Own. % Business Associated with | | | | | Effective Own. % in Applicant | |
| 1. **LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF THE APPLICANT/LICENSEE AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.**   To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, etc.), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level; provided, however, that if any entity is a publicly traded company, as to the owners of that publicly traded company, you need only list persons and/or entities owning 5% or more of such entity. | | | | | | | | |
| Name | Title | | | SSN/FEIN | | DOB | | Staff App submitted? Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Title (officer, director, manager, etc.) | | | | |  | |
| Name | Title | | | SSN/FEIN | | DOB | | Staff App submitted Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Title (officer, director, manager, etc.) | | | | |  | |
| Name | Title | | | SSN/FEIN | | DOB | | Staff App submitted Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Title (officer, director, manager, etc.) | | | | |  | |
| Name | Title | | | SSN/FEIN | | DOB | | Staff App submitted Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Title (officer, director, manager, etc.) | | | | |  | |
| Name | Title | | | SSN/FEIN | | DOB | | Staff App submitted Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Title (officer, director, manager, etc.) | | | | |  | |
| Name | Title | | | SSN/FEIN | | DOB | | Staff App submitted Yes No |
| Address (residence if an individual) | City | | State | | ZIP | Phone Number  ( ) | | |
| Business Associated with (Applicant, parent business or sub-entity) | | Title (officer, director, manager, etc.) | | | | |  | |

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| **Part II: Organizational Chart**  Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 2. |

**CERTIFICATION AS TO HEMP PROGRAM – FORM 2**

The undersigned duly authorized officer of the applicant/licensee, in his/her capacity as such officer and for and on behalf of the applicant/licensee, after due inquiry, hereby certifies to the Office of Cannabis Regulation of the Department of Business Regulation (the “Department” or “DBR”) that it/he/she has disclosed to the Department in this Form 2, all persons and entities that are owners, members, officers, directors, managers or agents of the applicant/licensee; provided, however, that as to any entity that is a publicly traded company, as to the owners of that publicly traded company, it/she/he has disclosed only those persons and/or entities owning 5% or more of such entity.

The undersigned hereby acknowledges and agrees that the applicant/licensee has a continuing obligation to disclose any changes and shall provide written notice to the Department within thirty (30) days of any change of the persons/entities/interest holders described and the certifications made in this Form 2 and that each such notice shall include an updated Form 2.

Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this Form 2 are complete, true, correct and accurate.

Click here to enter a date.

Authorized Signatory Date

Printed Name

Printed Name

Print Name of Applicant/Licensee:

Print Officer Title:

**FORM 3\***

**BUSINESS LICENSE IDENTIFICATION FORM**

The undersigned on behalf of the Licensee hereby state(s) as follows:

With respect to the Licensee and the Interest Holders described in Form 2, Part I, such persons have either applied for and/or are currently or have been previously licensed or authorized to cultivate, produce or otherwise handle industrial hemp and/or hemp derivatives, in the following states or jurisdictions with/by the below corresponding agency or authority. If None, please indicate “None”.

|  |  |  |  |
| --- | --- | --- | --- |
| **State, Jurisdiction & Name of Agency** | **Type of License** | **Name of Licensee** | **License or Registration #** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I/we have disclosed in the space provided below any instance where the Licensee or any Interest Holder has had an application and/or license to cultivate, produce or otherwise handle industrial hemp denied, suspended or revoked or otherwise been disciplined by any state/jurisdiction. If None, please indicate “None”.

I/we have disclosed in the space provided below if the Licensee or any Interest Holder currently possesses a license to cultivate, produce or otherwise handle medical marijuana in this state. If None, please indicate “None”.

I/we hereby authorize the Rhode Island Department of Business Regulation to contact the state agencies/jurisdictions indicated above for information regarding the Licensee and the licenses/registrations listed above and by our signature below, authorize such state agencies/jurisdictions to provide any and all information requested by the Department regarding the licenses/registrations. If hereafter requested by the Department, I/we will provide any additional authorization required by any of the state agencies/jurisdictions in order to provide information requested by the Department.

Click here to enter a date.

Name- Authorized Signatory Date

Name- Printed

Name- Printed

**FORM 4\***

**TAX PAYER STATUS AFFIDAVIT / IDENTITY FORM**

All persons applying for or renewing any license, registration, permit or other authority (hereinafter called “licensee”) to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number or Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

**LICENSEE DECLARATION**

**PLEASE CHECK ONE BOX BELOW OR RENWAL APPLICATION WILL BE CONSIDERED INCOMPLETE**

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.

I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.

I am currently pursuing administrative review of taxes owed to the state.

I am in federal bankruptcy. (Case # )

I am in state receivership. (Case # )

I have been discharged from Bankruptcy. (Case # )

Type of License you’re applying for:

Print Full Name Social Security or Federal Tax Identification Number

Click here to enter a date.

Signature Date

**FORM 5\***

**Licensing Agreement**

By execution of this Licensing Agreement below, in favor and for the benefit of the Rhode Island Department of Business Regulation (“DBR”) and in consideration of any issuance of an industrial hemp license by DBR under the state’s Industrial Hemp Program, the undersigned licensee acknowledges and agrees to the following terms and conditions, with all terms used herein having the meanings ascribed to such terms in The Hemp Growth Act, Rhode Island General Laws § 2-26-1 *et seq*. (the “Act”) and the *Rhode Island Industrial Hemp Agricultural Pilot Program*, 230-RICR-80-10-01 (the “Regulations”):

|  |
| --- |
| 1. The licensee will allow the inspection and sampling of the industrial hemp, including crops and derivatives, at any and all times that the Rhode Island Department of Business Regulation (“DBR”) deems necessary, including but not limited to sowing, growing, production, harvest, storage and production; |
| 1. All records relating to planting, growth, cultivation, harvest, production, processing and marketing of industrial hemp must be kept for a period of 5 years, and all records related to industrial hemp pesticide use must be kept for a period of 2 years. The records must be made available to DBR upon request; |
| 1. The DBR may require reporting of any information or data associated with the planting, growth, cultivation, harvest, production, processing and marketing of industrial hemp. The licensee must submit all required reports by the due dates specified by DBR; |
| 1. None of the industrial hemp plants grown by the licensee shall be included in any marijuana production programs, without the prior approval of DBR in its discretion; no growing area of the licensee shall contain cannabis plants which the licensee knows or has reason to know are of a variety that will produce a plant that when tested will contain more than0 .3% THC on a dry weight basis; |
| 1. Licensee shall not engage in or otherwise permit any conversion of cannabidiol to delta9-tetrahydrocannabinol or any of its derivatives; |
| 1. Licensee will submit all end of year reports and research reporting as required under the Regulations. |
| 1. Information provided to DBR and data collected by the DBR through the industrial hemp licensing and regulation process may be publicly disclosed and may be provided to the Rhode Island Department of Environmental Management, Division of Agriculture (“DEM”) and other government agencies and law enforcement agencies without notifying the licensee; |
| 1. Licensee shall comply with the Act, the Regulations, all other terms and conditions the DBR determines necessary for enforcement thereof and all other laws applicable to the Licensee and its operations, including requirements under any applicable DEM and Rhode Island Department of Health (“RIDOH”) regulations; and |
| 1. Any failure to comply with this licensing agreement, the Act or the Regulations may be enforced by DBR as an administrative violation and shall be grounds for license suspension or revocation. |

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| --- |
| Dated this \_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_  [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]  *Print Name of Licensee, above*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Signatory  Printed Name:  Its duly authorized [print title]: |

**FORM 6\***

**Mandatory Questions**

**For All Licensees**

1. **Please provide a detailed description of how the licensee tracks hemp from seed to sale as required under § 1.10 of the Regulations. \***

|  |
| --- |
| Click here to enter text. |

1. **Please describe the emergency plan procedures (including notification) and employee training that Licensee follows to prevent and mitigate consequences of theft or burglary, fire, natural disasters, and other emergencies.**

|  |
| --- |
| Click here to enter text. |

1. **Please describe the Licensee’s record keeping procedures with respect to certified source documentation, cultivation and/or production methods, hemp sales and safety measures. \***

|  |
| --- |
| Click here to enter text. |

1. **Please describe the procedures that the Licensee follows in order to ensure that Licensee will sell or otherwise transact with another licensee or such other persons who are in compliance with applicable laws regarding the possession, processing and sale of industrial hemp. \***

|  |
| --- |
| Click here to enter text. |

**5. Please attach a list of all registry identification card holders associated with License and their title. Specify if they are an agent, officer, director, or employee, or volunteer.**

**For Any Licensed Grower**

1. **Please provide the variety and the certified source of seeds used for growth. Please include Certificates of Analysis and/or other documentation that shows the seeds are from a certified source. \***

|  |
| --- |
| Click here to enter text. |

1. **Please provide a description of the method(s) used to grow hemp. \***

|  |
| --- |
| Click here to enter text. |

1. **Please provide the quantity and date of all hemp harvested during the past two-year period. \***

|  |
| --- |
| Click here to enter text. |

1. **Please provide the quantity and date of all destruction events during the past two-year period. \***

|  |
| --- |
| Click here to enter text. |

1. **Please provide a detailed description of Licensee’s use of pesticides on hemp plants. \***

|  |
| --- |
| Click here to enter text. |

1. **Please describe the best practices that the Licensee follows to limit contamination of industrial hemp and hemp products including but not limited to mold, mildew, fungus, bacterial diseases, rot, pests, pesticides and any other contaminant identified as posing potential harm. \***

|  |
| --- |
| Click here to enter text. |

1. **Please describe the end use for all industrial hemp grown by the Licensee. If applicable, for each end use, please include the quantity of product sold. \***

|  |
| --- |
| Click here to enter text. |

1. **Please provide a count of volunteer plants that occurred during the past two-year period and include the management procedures for their existence. \***

|  |
| --- |
| Click here to enter text. |

**For any Licensed Handler**

1. **If applicable, please describe food safety protocols and procedures that the Licensee follows in connection with production of any product or substance that is intended for human consumption. \***

|  |
| --- |
| Click here to enter text. |

1. **Please submit all labels of hemp -derived products intended for retail sale to demonstrate compliance with the Regulations, including inclusion of required warnings. \***

|  |
| --- |
| Click here to enter text. |

1. **Please provide a detailed description of any extraction or manufacturing methods used by the Licensee (including equipment, solvents and gases used). Additionally, attach the licensee’s standard operating procedures for each of the listed methods. \***

|  |
| --- |
| Click here to enter text. |

1. **Please describe the procedures that the Licensee follows in order to ensure that hemp- derived materials for production are not in excess of the maximum concentration of delta-9 THC as set forth in the Act. Please attach all relevant Certificates of Analysis. \***

|  |
| --- |
| Click here to enter text. |

1. **Please describe the end use for all hemp-derived products produced/manufactured/processed by the Licensee. If applicable, for each end use, please include the quantity of product sold. \***

|  |
| --- |
| Click here to enter text. |

\_ \_\_ Click here to enter a date.

Authorized Signatory Date

Printed Name

Printed Name

1. [↑](#footnote-ref-1)