



Louisiana Department of Agriculture & Forestry
Mike Strain DVM, Commissioner
Seed Programs Division 5825 Florida Blvd, Suite 3004, Baton Rouge, LA 70806
Phone (225) 925-4733; Fax (225) 925-4124

Louisiana Industrial Hemp Program 2020 SEED PRODUCER LICENSE APPLICATION PACKET

Guidelines and Instructions

- The Louisiana Department of Agriculture & Forestry (LDAF) is authorized by R.S. 3:1465 to issue licenses and regulate industrial hemp in Louisiana. Prior to the cultivation, processing or contracting to transport industrial hemp, a person must first submit an application and receive an industrial hemp license from LDAF. Applications should be submitted to 5825 Florida Blvd., Suite 3004 Baton Rouge, LA 70806 or one of the LDAF district offices. See attached district office map. All information in this application packet must be completed and the application returned to LDAF along with any required attachments.

If you need assistance completing this application, please contact us by phone at 225-925-4863 or by email at industrialhemp@ldaf.la.gov.

- **Contents of Application Packet**

- Guidelines and Instructions
- Instructions for submitting to State and Federal Background Checks
- Instructions for Creating Maps and Obtaining GPS Coordinates
- *Designated Responsible Party Declaration* Form for Business Entities Only
- *Key Participant Disclosure* Form for Business Entities Only
- LDAF District Office Map
- License Application - Please submit only the application (Pages 1-7) and required forms and attachments. Do not submit the guidelines and instructions.

- **Application Deadline** – New industrial hemp applications will be accepted at any time. All new industrial hemp license applications must be submitted and approved prior to cultivating, processing or contracting to transport industrial hemp. Renewal applications must be submitted annually no later than **4:30 PM on November 30**. LDAF may deny any license application that fails to meet the deadline established on this application. LDAF recommends that applicants use a delivery method with tracking capabilities when submitting an application. LDAF is not responsible for applications lost in the mail or not received. Applicants should keep a copy of the completed application, all attachments, and, if applicable, the mail receipt and tracking number for your records.
- **Fee Schedule** - A \$500 license fee (check or money order made payable to LDAF) is due upon notification of application approval. No license shall be issued until full payment of the license fee is received by LDAF.
- **Application File Format** – Industrial hemp applications are available in an electronic fillable form. If you do not have compatible software for the fillable form, please print out the form and complete the form manually and legibly. LDAF is not responsible for missing information due to formatting or printing errors by applicants.

- **Applications** - Applications must be complete, accurate, and legible. Follow all instructions in the document. Applications and any attachments may be subject to the Louisiana Public Records Law (R.S. 44:1 *et seq.*). LDAF is not required to request additional information for clarity of the application. Any license application missing required information may be subject to denial.
- **Application from a Business Entity** - A license shall **not** be issued in the name of a business entity. The “applicant” for a business entity is the person submitting the application and is designated by the business as being responsible for daily business operations.
 - LDAF requires the submission of a *Key Participant Disclosure* form for all business entity applicants. A Key Participant is sole proprietor, a partner in partnership, or a person with executive managerial control in a corporation. A person with executive managerial control includes persons such as a chief executive officer, chief operating officer and chief financial officer. This definition does not include non-executive managers such as farm, field, or shift managers.
 - LDAF requires the submission of a *Designated Responsible Party Declaration* form for all business entity applicants. The designated responsible party is the person designated by the applicant or licensee as responsible for facility operations of the applicant or licensee facility.
 - Only one designated responsible party shall be allowed to represent a business entity.
 - If a business entity requires a change of the designated responsible party or key participants anytime during the application process or after a license is issued, the business must submit a new *Designated Responsible Party Declaration* or *Key Participant Disclosure* form, current background checks, and copy of the new Designated Responsible Party Declaration driver’s license to LDAF.
- **Application Review** - LDAF will evaluate each application to verify that the application is complete and required documents are included. After the evaluation is completed, applicants will be notified of the application status.
- **Prohibited Activities** - The activities listed below are prohibited activities. A current licensee found to be conducting or participating in any of these activities may be subject to regulatory actions, including but not limited to license revocation and forfeiture or destruction of all cannabis materials in their possession.
 - Cultivating, processing or contracting to transport cannabis that is not industrial hemp (greater than 0.3% THC concentration on a dry weight basis).
 - Possessing or cultivating industrial hemp plants or plant parts on any site not listed in the licensing application or subsequent site modification request form.
 - Cultivating or storing industrial hemp:
 - in any structure that is used for residential purposes;
 - in any outdoor field or site that is located within 1,000 feet of schools, or a public recreational area; and
 - on property which is not owned or leased by a licensee.
 - Violating the restrictions outlined in §1325 Restrictions on Sale or Transfer of the industrial hemp regulations.
 - Allowing unsupervised public access to industrial hemp plots.
- **Timeline** - The timeline for applications is as follows:
 - **November 30, annually** – Renewal applications due to LDAF
 - **November 30, annually** – Background checks due to LDAF.
 - **January 15, annually** – LDAF notification of renewal application status to applicant.

New applications are not subject to the November 30th deadline.

• Criminal Background Checks

- All industrial hemp applicants, designated responsible parties, and key participants must undergo state and federal criminal background checks and submit fingerprint identification. The resulting certified criminal background check reports must accompany each license application.
- Before a license will be approved, the background check report will be reviewed by LDAF for applicant eligibility.
- State and federal background checks are required annually for each applicant, designated responsible party and key participants.
- The LA background check request is processed by the Louisiana State Police (LSP) office listed below.

Louisiana State Police, Criminal Records Dissemination Section

7919 Independence Blvd., Baton Rouge, LA 70806

Phone: 225-925-6095

Business hours: M-F 8:00 AM - 3:30 PM Central Time.

Website: <http://www.lsp.org/technical.html#criminal>

- Louisiana State Background Check Procedures
 - Complete the *LSP [Right to Review](#) and [Applicant Processing – Disclosure](#) Forms* found on the next pages. The forms may also be downloaded and printed using the links provided above.
 - Deliver the completed forms along with acceptable form of payment in person to LSP Criminal Records Dissemination Section.
 - Submit to fingerprinting and request a set of fingerprint cards to submit to FBI for federal background check.
 - Applicants will be given in person their certified Right to Review/State Background Check which must be submitted to LDAF with application.
- Federal Fingerprint Background Check Procedures
 - Request Fingerprint cards (Form FD-258) from LSP.
 - Mail completed Fingerprint cards and FBI [Individual Information Form](#) (Form I-783) along with acceptable form of payment to the address listed on the forms.
 - Applicant will receive by mail one sealed background check report which must be submitted to LDAF with license application in the original unopened sealed envelope.

NOTE: Applicant is responsible for providing an official “disposition clarification” from local Clerk of Court or District Attorney offices for any reported charges with unknown disposition.

All State Criminal Background Check forms and payments must be hand-delivered to LSP and FBI Background Check forms and payments mailed to FBI. DO NOT SEND THIS INFORMATION AND PAYMENT TO LDAF.

For BOI Office Use Only
ATN# _____
SID# _____
TIME F/P COMPLETED _____
TIME DESC.COMP _____

FEEs
\$10.00 Fingerprint Fee (if printed at LSP Headquarters)
\$26.00 Processing Fee (required whether printed at LSP Headquarters or when mailing in two fingerprint cards)

RIGHT TO REVIEW

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 - Box A-6
Baton Rouge, LA 70806

When submitting fingerprints:

In person: two separate money orders, cashier checks, business checks for \$10 and \$26 or a credit card

By mail: include two FBI (form FD-258) fingerprint cards and a \$26 money order, cashier check or business check

*****PLEASE TYPE or PRINT*****

APPLICANTS FULL NAME:

LAST FIRST MIDDLE

STREET ADDRESS: _____
COMPLETE STREET ADDRESS TO INCLUDE APARTMENT/LOT #

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVERS LICENSE OR ID NUMBER: _____ STATE OF ISSUE: _____

RACE: _____ SEX: _____

APPLICANTS SIGNATURE: _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R. Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the state or FBI identification record.

****Electronically submitted fingerprints obtained at LSP Headquarters after 3:30 will be available for pickup the next business day.**

APPLICANT PROCESSING - DISCLOSURE FORM

Louisiana Bureau of Criminal Identification and Information

P.O. BOX 66614 (Box A-6)
BATON ROUGE, LA 70896

RIGHT TO REVIEW

NAME

ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH

PLACE OF BIRTH
(STATE)

RACE

SEX

WEIGHT

HEIGHT

HAIR COLOR

EYE COLOR

SOCIAL SECURITY NUMBER

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

- RAPSHEET ATTACHED
- RESPONSE BELOW

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of identity history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

Applicant Information * *Denotes Required Fields*

*Last Name Middle Name 1 *First Name Middle Name 2

*Date of Birth: *Place of Birth: U.S. Citizen or Legal Permanent Resident:
Yes No

*Country of Citizenship: Country of Residence: Prisoner Number (if applicable):

*Last Four Digits of Social Security Number:

*Height: *Weight:

*Hair (please check appropriate box):

Bald	Black	Blonde/Strawberry	Blue	Brown	Gray	Green	Orange	Pink
Purple	Red/Auburn	Sandy	Unknown	White				

*Eyes (please check appropriate box):

Black	Blue	Brown	Gray	Green	Hazel	Maroon	Multicolored	Pink	Unknown
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Applicant Home Address

*Address

*City *State

*Postal (Zip) Code *Country

Phone Number E-Mail

Mail Results to Address

C/O ATTN

Address

City State

Postal (Zip) Code Country

Phone Number (if different from above)

Payment Enclosed: (please check appropriate box)

CERTIFIED CHECK MONEY ORDER CREDIT CARD FORM

Reason for Request:

Personal review	Challenge information on your record	Adoption of a child in the U.S.
International adoption	Live, work, or travel in a foreign country	Other

* **APPLICANT SIGNATURE****DATE**

Mail the signed applicant information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

FBI CJIS Division – Summary Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary.

Instructions for Creating Maps and Obtaining GPS Coordinates

- A **color** photographic map is required for each growing, storage, handling or processing locations and must contain the following:
 - ♣ Applicant’s name, and if applicable, the business name printed on the map page;
 - ♣ Physical address of the location;
 - ♣ Expanded view to show the site, a public roadway and the road name;
 - ♣ Outline of the location of each contiguous planting;
 - ♣ Location ID/name for each field, greenhouse, indoor growing, handling, storage or processing structure;
 - ♣ GPS Coordinates of center of field, greenhouse, indoor growing, handling, storage or processing structure, and
 - ♣ Acreage of each contiguous planting.

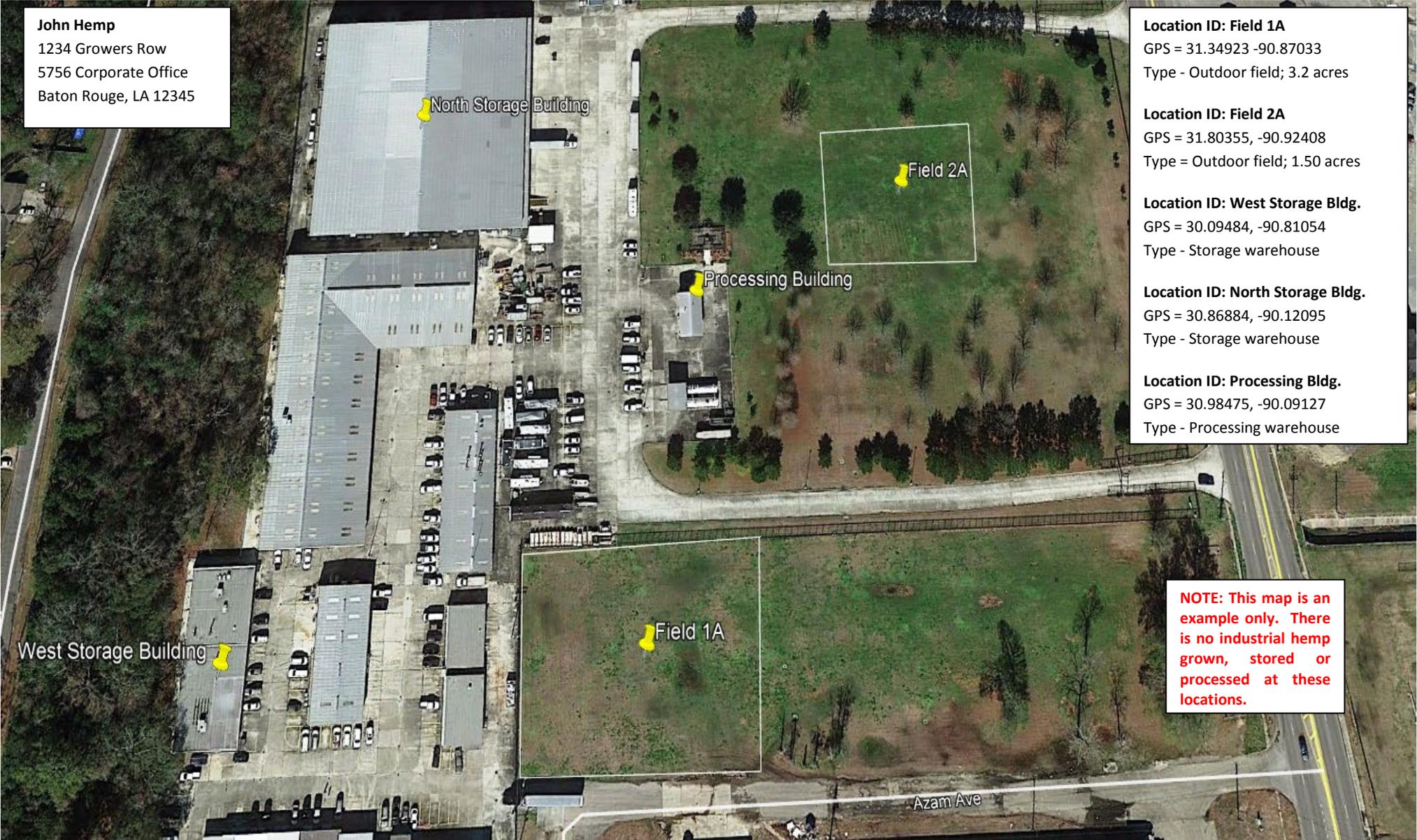
Refer to example map on next page

- LDAF prefers all maps be created with Google Earth; however other mapping sources may be used. You can download Google Earth Pro for free by visiting <https://www.google.com/earth/download/gep/agree.html/>. If asked for a registration key, enter “GEPFREE”.
- You can access Google Maps online at <https://www.google.com/maps/>. When you have the address on your screen, you can click the button in the lower left corner that says “Earth” or “satellite” for an aerial view of the location.
- On Map Quest at <https://www.mapquest.com/> locate the address on your screen, and then click in the upper right corner on “Satellite” for an aerial view of the location.
- Print out the map when you are satisfied with the level of zoom. Map should show at least one nearby road, the entrance to the site, and the identification of the hemp locations.
- Finish the map by handwriting in the required information. For maps created in Google Earth you can save the image to a Microsoft Word Document and add a text box(s) for the required information. To add a text box, click in an area outside of the map and choose *Insert* and then *Text Box*. Enter the information into the text box and move the text box into the appropriate area of the map. You may resize the map if required. Repeat the above steps for multiple text boxes.

SEE ATTACHED EXAMPLE OF MAP AND DESCRIPTION OF A CONTIGUOUS FIELD, GREENHOUSE AND INDOOR GROWING STRUCTURE.

EXAMPLE OF MAP REQUIRED FOR INDUSTRIAL HEMP GROWER, SEED PRODUCER AND PROCESSOR LICENSES

John Hemp
1234 Growers Row
5756 Corporate Office
Baton Rouge, LA 12345



Location ID: Field 1A
GPS = 31.34923 -90.87033
Type - Outdoor field; 3.2 acres

Location ID: Field 2A
GPS = 31.80355, -90.92408
Type = Outdoor field; 1.50 acres

Location ID: West Storage Bldg.
GPS = 30.09484, -90.81054
Type - Storage warehouse

Location ID: North Storage Bldg.
GPS = 30.86884, -90.12095
Type - Storage warehouse

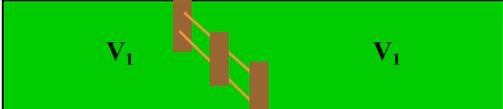
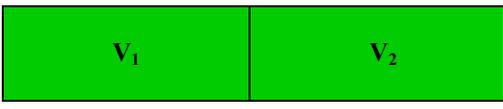
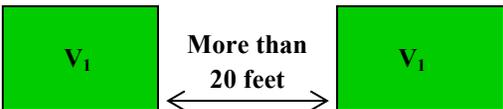
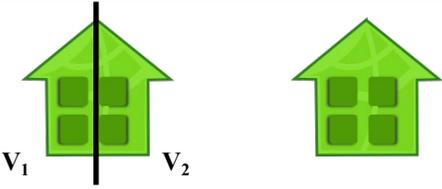
Location ID: Processing Bldg.
GPS = 30.98475, -90.09127
Type - Processing warehouse

NOTE: This map is an example only. There is no industrial hemp grown, stored or processed at these locations.

What is a Contiguous Location?

A contiguous field will NOT have multiple strains or varieties, any breaks, fence lines, tree or brush lines, canals or bodies of water or roads dividing the field. Any field with these types of divisions shall be considered to be two or more separate fields and require individual map outlines and GPS coordinates.

Individual greenhouses/indoor growing structures are considered separate and require GPS coordinates. Different varieties or strains within a greenhouse or indoor growing structure are considered separate plots.

Contiguous Location?	Example (V = strain/variety)
Yes, 1 Field	
No, 2 Fields Reason: Field divided by trees or brush row.	
No, 2 Fields Reason: Divided by a canal or body of water.	
No, 2 Fields Reason: Field divided by fence	
No, 2 Fields Reason: Two different strains/varieties	
No, 2 Fields Reason: Field divided by more than 20 feet.	
Yes, 1 Building	
No, 2 buildings/plots Reason: Two separate buildings or two different strains/varieties within a building.	



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Seed Programs Division 5825 Florida Blvd, Suite 3004, Baton Rouge, LA 70806 Phone (225) 925-4733; Fax (225) 925-4124

Louisiana Industrial Hemp Program
Designated Responsible Party Declaration Form

This form must be completed and submitted with each business entity industrial hemp application.

This completed form is a required attachment for all industrial hemp program business entity applications.

If completing this form electronically, navigate the form with the mouse or select the next field using the down arrow key.

Table with 2 columns: Name of Business Entity, Complete Physical Address

I hereby declare that:

Table with 2 columns: Printed Name, Title

*The Designated Responsible Party listed above is required to have an annual background check and copy of driver's license on file with LDAF prior to license being issued.

is the Designated Responsible Party for all daily business operations and is authorized to sign all required industrial hemp program documents on the entity's behalf. The entity acknowledges that a change of Designated Responsible Party requires written notice to LDAF.

I certify that this information is true and correct.

Signature of owner, registered agent, or managing member

Printed Name

Title

Date

Signature of designated responsible party

Printed Name

Title

Date



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Seed Programs Division 5825 Florida Blvd, Suite 3004, Baton Rouge, LA 70806 Phone (225) 925-4733; Fax (225) 925-4124

Louisiana Industrial Hemp Program
Key Participant Disclosure Form

This form must be completed and submitted with each business entity application.

1. Business Entity Information

If completing this form electronically, navigate the form with the mouse or select the next field using the down arrow key.

Table with 2 columns: Field Name (Name of Business Entity, Name of Applicant, Physical Address of Business, City & State) and empty input field.

2. List the names, titles and email addresses of ALL key participants in the table below.

NOTE: A Key Participant is a sole proprietor, a partner in partnership, or a person with executive managerial control in a corporation. A person with executive managerial control includes persons such as a chief executive officer, chief operating officer and chief financial officer. This definition does not include non-executive managers such as farm, field, or shift managers.

Table with 2 columns: Key Participant (1-4) and fields for Name, Title, and Email Address.

3. Attach sheets as necessary for additional key participants. If additional sheets are attached, indicate total number of sheets attached: _____

I hereby verify and affirm that all of the information contained on this form is true and accurate. I understand that if LDAF later determines any of this information to be false or inaccurate, the industrial hemp license may be withheld or revoked.

Signature of applicant

Printed Name

Title

Date

LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

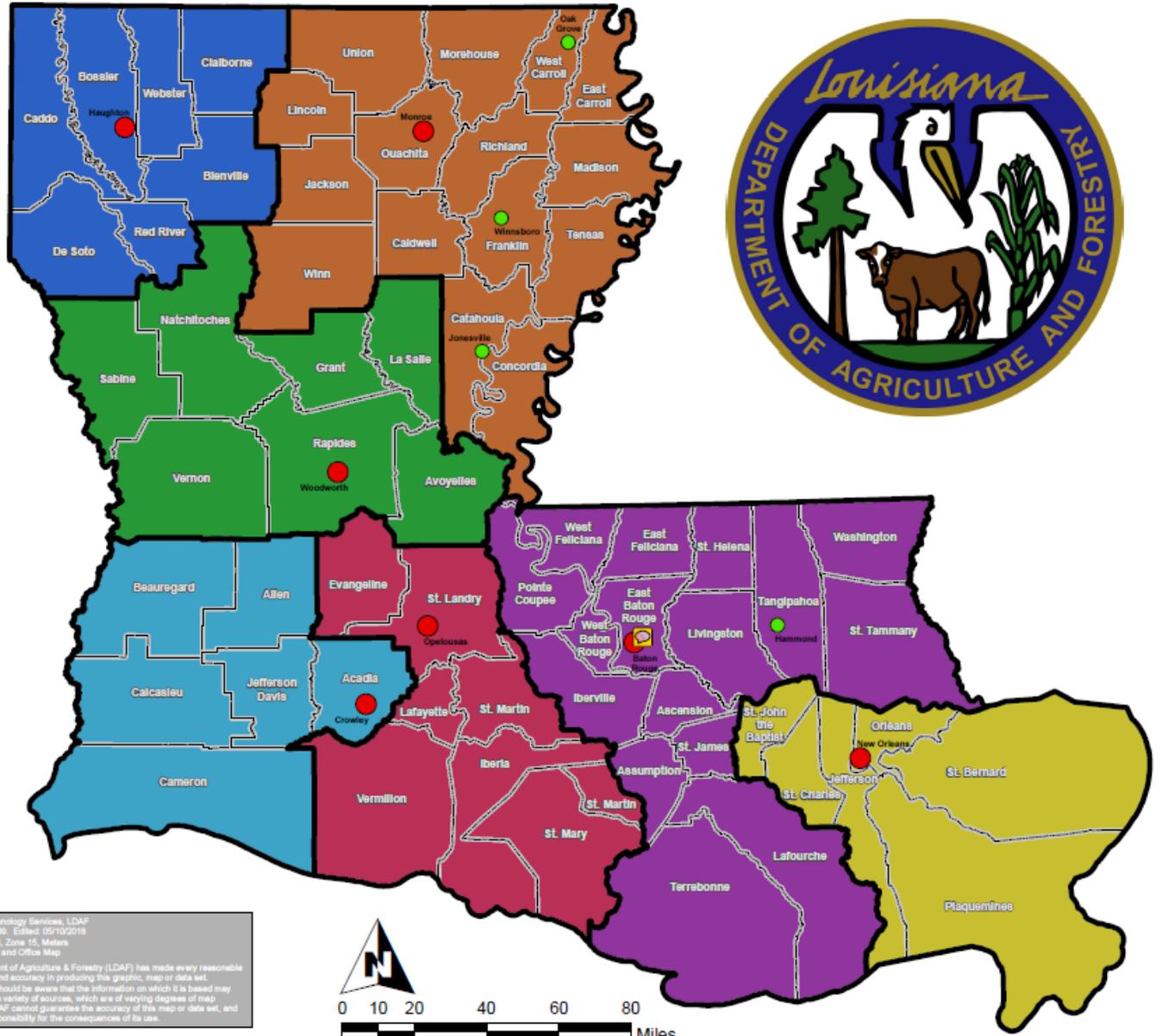
MIKE STRAIN DVM, COMMISSIONER

Office of Agricultural and Environmental Sciences
 Benjy Rayburn, AES Assistant Commissioner
 (225) 925-3770

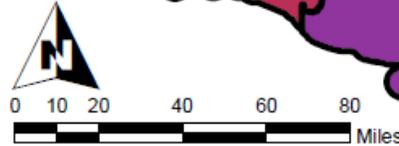


Legend

- AES District Boundary
- Parish Boundary
- Alexandria District
616 Forestry Rd.
Woodworth, LA 71486
TEL: 518/487-5090
FAX: 518/487-4767
- Baton Rouge District
6826 Florida Blvd
Bulfe, LA 70806
TEL: 226/922-1274
FAX: 226/926-3760
- Crowley District
110 S. Western Ave.
Crowley, LA 70628
TEL: 337/788-7629
FAX: 337/788-7673
- Monroe District
764 Hwy. 80 East
Monroe, LA 71203
TEL: 518/346-7595
FAX: 518/346-1774
- New Orleans District
Room #1034
1100 Robert E. Lee Blvd.
New Orleans, LA 70124
TEL: 604/288-1126
FAX: 604/288-1128
- Opelousas District
1818 Creswell Lane
Opelousas, LA 70670
TEL: 337/848-0230
FAX: 337/848-0229
- Shreveport District
740 Covington Road
Haughton, LA 71037
TEL: 518/948-3226
FAX: 518/948-8848
- AES District Offices
- AES Satellite Offices



Author: Information Technology Services, LDAF
 Production Date: 05/09/09, Edited: 05/10/2018
 Projection: UTM NAD 83, Zone 15, Meters
 Application: AES District and Office Map
 The Louisiana Department of Agriculture & Forestry (LDAF) has made every reasonable effort to ensure quality and accuracy in producing this graphic, map or data set. Nevertheless, the user should be aware that the information on which it is based may have come from any of a variety of sources, which are of varying degrees of map accuracy. Therefore, LDAF cannot guarantee the accuracy of this map or data set, and does not accept any responsibility for the consequences of its use.



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LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Seed Programs Division 5825 Florida Blvd, Suite 3004, Baton Rouge, LA 70806 Phone (225) 925-4733; Fax (225) 925-4124

Louisiana Industrial Hemp Program
2020 Seed Producer License Application

License Renewal Submission Deadline: November 30th Annually

Any person interested in producing industrial hemp seed (including propagules) for planting purposes must first submit a Seed Producer License application and receive a Seed Producer License from LDAF prior to engaging in the regulated profession.

Directions: Complete all parts of this application. Enter the applicant name on the top of pages 2-7. Submit the application and all required attachments and documentation to LDAF main office at 5825 Florida Blvd., Suite 3004, Baton Rouge, LA 70806 or one of the LDAF district offices.

Read and follow carefully all instructions on the previous pages before completing this application.

If completing this form electronically, navigate the form with the mouse.

OFFICIAL USE ONLY
Date Received:
Application Status Notification Date:
License Fee Received: Yes or No
Check No:
License No:

Applicant Information
1) Applicant Name:
2) Are you applying as an individual or as a business?
A. If applying as an individual, complete Section A, questions A1 – A5, and skip Section B.
A1. Mailing Address of Individual Applicant:
A2. Physical Address of Individual Applicant:
A3. Email of Applicant:
A4. Cell Phone Number of Applicant:
A5. Alternate Phone Number of Applicant:
B. If applying as a business entity, complete Section B, questions B1 – B10.
B1. Business Name:
B2. Is this business registered with the Louisiana Secretary of State:
B3. Registered Agent
B4. Business type
B5. Employer Identification Number (EIN):
B6. Business Mailing Address:
B7. Business Physical Address:
B8. Email of Applicant:
B9. Cell Phone:
B10. Business Phone:

AES-28-05



OFFICE USE
Transmittal #
Check #
Date
Amt. \$.00

Applicant Name: _____

Designated Responsible Party Information

NOTE: A completed Designated Responsible Party Declaration form must be attached to any business entity applications.

1. Name:

2. Title:

3. Email:

4. Phone:

3) Indicate intended product for the crop (check all that apply):

- Seed Production
- Replication of vegetative planting stock (*i.e., production of transplants*)
- Other (describe): _____

4) Indicate your planned source of seeds and/or planting stock in the table below. Identifying and purchasing seed and/or planting stock is the responsibility of the participant, not LDAF. A completed *Seed Acquisition Request* form must be submitted to and approved by LDAF prior to seed transfer.

	Seed Source 1	Seed Source 2	Seed Source 3*
Seed Source <i>(Company Name)</i>			
City, State or Country			
Variety Name			
Seed Certification Agency			
Type of Material <i>(Seeds or Propagules)</i>			

* Additional seed sources may be included as an attachment if necessary.

5) Read each statement below and check the box next to the statement to indicate your understanding and agreement:

- The \$500 license fee is non-refundable after the license has been issued.
- Any additions, subtractions or changes to the GPS coordinates listed for growing, handling or storage locations after the seed producer license is issued by LDAF will require the license holder to submit, and have approved, a *Site Modification Request* form.
- Each location must be included in your licensing application and approved by LDAF prior to the planting, handling, or storage of any industrial hemp at that location.
- Applicants are required to provide precise GPS coordinates in a decimal degrees (DD) format for each field/plot, greenhouse, indoor growing location, building, and handling storage sites at each address.
- Applicants are required to provide a legal description of address and a detailed map of every site at each address with the application.

6) The following land use restrictions apply to all seed producer licensees. Read each statement below and check the box next to the statement to indicate your understanding and agreement:

- I will not knowingly grow cannabis that is not industrial hemp (cannot have a THC concentration of more than 0.3% on a dry weight basis).
- I will not grow, handle or store industrial hemp in any structure that is used for residential purposes.
- I will not grow industrial hemp in any outdoor field or site that is located within 1,000 feet of schools or public recreational area.
- I will not grow, handle, or store industrial hemp on any land which is not owned or leased by the licensee.
- I have read and understand the Louisiana law and administrative regulations regarding industrial hemp.

Applicant Name: _____

7) Provide a list of all locations requested for approval by completing the tables below in parts a) Fields, b) Greenhouses/Indoor Growing Locations, and c) Handling/Storage Locations. Attach additional page(s) as necessary.

a) Field Locations

- i. Indicate total acres planned for growing as identified in the tables below.
Total Number of Acres _____
- ii. Enter information for requested field growing locations in the tables below.
- iii. If you do not intend to grow in a field, indicate by entering N/A in the space provided: _____

Farm 1	Farm Name				Own or Rent	
	Physical Address		City	State	Zip	Parish
	Legal Property Description (<i>may be included as attachment if necessary</i>):					
	Location ID*	GPS Latitude <i>EX: 29.832706000</i>	GPS Longitude <i>EX: -90.926661999</i>	Acres		
Field 1						
Field 2						
Field 3						
Farm 2	Farm Name				Own or Rent	
	Physical Address		City	State	Zip	Parish
	Legal Property Description (<i>may be included as attachment if necessary</i>):					
	Location ID*	GPS Latitude <i>EX: 29.832706000</i>	GPS Longitude <i>EX: -90.926661999</i>	Acres		
Field 1						
Field 2						
Field 3						
Farm 3	Farm Name				Own or Rent	
	Address		City	State	Zip	Parish
	Legal Property Description (<i>may be included as attachment if necessary</i>):					
	Location ID*	GPS Latitude <i>EX: 29.832706000</i>	GPS Longitude <i>EX: -90.926661999</i>	Acres		
Field 1						
Field 2						
Field 3						

* Location ID: A unique identifier or common name for each field, as designated by the applicant. The Location ID will become part of the license record and should be used to identify the field in all reports to LDAF.

Applicant Name: _____

b) Greenhouse / Indoor Growing Locations

- i. Indicate total square footage planned for indoor growing as indicated in the tables below.
Total Square Footage: _____
- ii. Indicate type of greenhouse production (check all that applies):
 - Transplants only (either seeded or vegetative cuttings), or seasonal stock plants
 - Stock plants, year round
- iii. Enter Greenhouse/Indoor Growing Locations in the tables below.
- iv. If you do not intend to grow in a greenhouse or indoor growing structure, indicate by entering N/A in the space provided: _____

NOTE: Approval of a greenhouse/indoor growing structure includes the area inside the greenhouse and equal square footage immediately adjacent outside the greenhouse. The outside square footage can only be used to place container hemp plants temporarily for necessary agronomic reasons.

Greenhouse/ Indoor 1	Greenhouse/Indoor Structure Name				Own or Rent	
	Address	City	State	Zip	Parish	
	Legal Property Description (<i>may be included as attachment if necessary</i>):					
	Location ID*	GPS Latitude <i>EX: 29.832706000</i>	GPS Longitude <i>EX: -90.926661999</i>		Total Ft ²	
Site 1						
Site 2						
Site 3						
Greenhouse/ Indoor 2	Greenhouse/Indoor Structure Name				Own or Rent	
	Address	City	State	Zip	Parish	
	Legal Property Description (<i>may be included as attachment if necessary</i>):					
	Location ID*	GPS Latitude <i>EX: 29.832706000</i>	GPS Longitude <i>EX: -90.926661999</i>		Total Ft ²	
Site 1						
Site 2						
Site 3						
Greenhouse/ Indoor 3	Greenhouse/Indoor Structure Name				Own or Rent	
	Address	City	State	Zip	Parish	
	Legal Property Description (<i>may be included as attachment if necessary</i>):					
	Location ID*	GPS Latitude <i>EX: 29.832706000</i>	GPS Longitude <i>EX: -90.926661999</i>		Total Ft ²	
Site 1						
Site 2						
Site 3						

* The Location ID is a unique identifier or common name for each structure, as designated by the applicant. Location ID will become part of the license record and should be used to identify the structure in all reports to LDAF.

Applicant Name: _____

c) Handling/Storage Locations

- i. Enter information for requested handling/storage locations in the tables below.
- ii. Handling/storage addresses must be listed in the below table even if listed in tables for part (a) or (b) above, in order to provide GPS coordinates for the buildings.

Handling/ Storage 1	Handling/Storage Name				Own or Rent	
	Address	City	State	Zip	Parish	
	Legal Property Description <i>(may be included as attachment if necessary):</i>					
Location ID*	GPS Latitude <i>EX: 29.832706000</i>		GPS Longitude <i>EX: -90.926661999</i>		Purpose <i>(handling or storage)</i>	
Site 1						
Site 2						
Site 3						
Handling/ Storage 2	Handling/Storage Name				Own or Rent	
	Address	City	State	Zip	Parish	
	Legal Property Description <i>(may be included as attachment if necessary):</i>					
Location ID*	GPS Latitude <i>EX: 29.832706000</i>		GPS Longitude <i>EX: -90.926661999</i>		Purpose <i>(handling or storage)</i>	
Site 1						
Site 2						
Site 3						
Handling/ Storage 3	Handling/Storage Name				Own or Rent	
	Address	City	State	Zip	Parish	
	Legal Property Description <i>(may be included as attachment if necessary):</i>					
Location ID*	GPS Latitude <i>EX: 29.832706000</i>		GPS Longitude <i>EX: -90.926661999</i>		Purpose <i>(handling or storage)</i>	
Site 1						
Site 2						
Site 3						

* Location ID: A unique identifier or common name for each structure, as designated by the applicant. Location ID will become part of the license record and should be used to identify the structure in all reports to LDAF.

Applicant Name: _____

Acknowledgments

Read each of the acknowledgment statements below and check “Yes” or “No” to indicate your understanding and acceptance of each statement.

- 1) I acknowledge that my application and all required attachments must be received by the application date established by LDAF. I further acknowledge that LDAF is not responsible for missing information due to formatting or printing errors on the user end. LDAF is not responsible for applications lost in the mail or not received.
 Yes No
- 2) I acknowledge that LDAF is not obligated to ask follow-up questions during the application review process. The written responses on this application and attachments shall be the sole source of information under consideration for potential participation in the Louisiana industrial hemp program.
 Yes No
- 3) I acknowledge that this is a selective process and only those applications that meet the criteria set forth in the Louisiana industrial hemp law and regulations will be approved for licensing.
 Yes No
- 4) I affirm that, if approved for a license, I will abide by all requirements of LDAF, and the industrial hemp law and regulations, including timely submission of report forms and required attachments, as applicable, including but not limited to:
 - **Seed Acquisition Request form** – must be submitted to and approved by LDAF prior to receiving any industrial hemp seeds or propagules.
 - **Site Modification Request form** - must be submitted to LDAF prior to the growing, handling, or storage of hemp materials at any location not already listed on your seed producer license application.
 - **Planting Reports** – must be submitted to LDAF within 15 days following planting for each field, greenhouse and indoor growing structure, and quarterly for each greenhouse or indoor growing structure after initial planting.
 - **Harvest/Destruction Report** – due at least 15 days prior to crop harvest or destruction of a failed crop;
 - **Production Reports** – due by November 15th annually; Yes No
- 5) I acknowledge that, upon request from LDAF, Louisiana State Police, or other state or local law enforcement officers, license holders must immediately produce a copy of their seed producer license, or other required program documentation for inspection.
 Yes No
- 6) I consent that, the commissioner or his authorized agent(s) shall have access, during normal working hours, to any premises where industrial hemp plants or plant parts are being processed, transported, produced, cultivated, and/or stored for the purpose of inspection, investigation, and/or collection of samples for testing. The commissioner or his authorized agent(s) may inspect any industrial hemp seed, plants, or plant parts located on the premises.
 Yes No
- 7) I acknowledge that I, or the designated responsible party, shall be available on location by appointment for on-site visits by LDAF for the purpose of inspections or sampling.
 Yes No

Applicant Name: _____

- 8) I affirm that, if I am issued a license, I shall not allow other persons, not employed by me, to grow, handle, or store under my license in lieu of their own license with LDAF.
 Yes No
- 9) I accept the inherent risk associated with participation in the program of a new crop. I acknowledge that both personal and financial loss may be possible, and agree that LDAF is not responsible for reimbursing or compensating any licensee for any loss resulting from involvement with the program.
 Yes No
- 10) I acknowledge that licensees are required to reapply on an annual basis, and all license applications must be completed and submitted annually and pay all required program fees. I further acknowledge that past participation does not guarantee or imply automatic approval for future participation.
 Yes No
- 11) I agree that my approved sites shall only be used to grow, handle or store industrial hemp and shall not be used to grow, handle or store unlawful cannabis (greater than 0.3% THC concentration on a dry weight basis).
 Yes No
- 12) I acknowledge that if the LDAF sample test results determine a THC level greater than 0.3% on a dry weight basis, I may be required to destroy the crop from which the sample was collected at my own cost.
 Yes No
- 13) I agree to report my hemp crop acreage to FSA, and to provide FSA with specific information regarding field acreage, greenhouse or indoor growing square footage of all industrial hemp planted.
 Yes No

Attachments

Check all attachments below that you are submitting with this application. In addition to those listed, attachments may include extended answers to any question in the application or other supporting documents. If the attachment is supplementary information to a question in this form, be sure to: 1) include the associated question number on the document; and 2) start each new question attachment on a new page.

- REQUIRED:** Copy of Driver's License for the Applicant and for business entity applications, the Applicant and the Designated Responsible Party.
- REQUIRED:** Certified Background Check Report from LSP and FBI for the Applicant, and for a business entity, the Applicant, Designated Responsible Party and all Key Participants.
- REQUIRED:** Maps, one per address - Farm, greenhouse/indoor growing structures, and handling/storage location maps (including applicant name, site address, location IDs, and GPS coordinates, acreage/square footage).
- REQUIRED (for business entities):** Completed *Designated Responsible Party Declaration* form.
- REQUIRED (for business entities):** Completed *Key Participant Disclosure* form.
- Other Attachments (describe): _____

I hereby verify and affirm that all of the information contained in this license application is true and accurate. I understand that if LDAF later determines any of this information to be false or inaccurate, the seed producer license may be withheld or revoked.

Signature of Applicant

Date

Printed Name of Applicant

Title