



APPLICATION FOR HEMP GROWER LICENSE
 NORTH DAKOTA DEPARTMENT OF AGRICULTURE
 PLANT INDUSTRIES DIVISION
 SFN 58476 (12-2021)

Return to:
 North Dakota Department of Agriculture
 600 E Boulevard Ave, Dept 602
 Bismarck ND 58505-0020
 Telephone: 701-328-4128

PLEASE TYPE OR PRINT CLEARLY (Incomplete or illegible forms will be returned)

North Dakota Department of Agriculture will not process this application until an approved background check is on file.

The undersigned is applying for a Hemp License under provisions of the laws of the State of North Dakota.

Check One:			
<input type="checkbox"/> Initial license application		<input type="checkbox"/> Renewal license application	
Applicant Name (Last, First) (no initials)			
Physical Address	City	State	ZIP Code
Mailing Address	City	State	ZIP Code
Email Address	Home Telephone Number		Cell Phone Number

Legal description of each field is required. Use attachment if more space is needed.

HEMP PRODUCTION INFORMATION

	Acres	Variety	County	Township	Range	Section/Quarter	Are you the property owner?
Field 1							<input type="checkbox"/> Yes <input type="checkbox"/> No
Field 2							<input type="checkbox"/> Yes <input type="checkbox"/> No
Field 3							<input type="checkbox"/> Yes <input type="checkbox"/> No
Field 4							<input type="checkbox"/> Yes <input type="checkbox"/> No
Field 5							<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL ACRES							

The term "lot" refers to a contiguous area in a field, greenhouse, or indoor growing structure containing the same variety or strain of hemp throughout.

Number of Lots	License Fee
1	\$100.00
2	\$200.00
3	\$300.00
4+	\$350.00

Based on the total number of lots across all hemp fields, please use the table to calculate the total licensing fee.

TOTAL AMOUNT ENCLOSED	\$
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Application fees: License fees are non-refundable once a license is issued. Make checks payable to the North Dakota Department of Agriculture.

1. I will abide by all applicable laws and regulations related to the growth, cultivation, or marketing of hemp.
2. I will allow, upon request, federal, state, or local authorities to inspect and/or sample, at any time, the on-site hemp growing area, plants, plant materials, seeds, equipment, or facilities related to the growth, cultivation, or marketing of hemp, without subpoena or any other authorization.
3. I will complete and submit all reports and/or statements requested by NDDA relative to my production of hemp and acknowledge and agree that a failure to submit any required or requested report may result in immediate suspension or revocation of my hemp grower license.
4. I will report all planted hemp acres to the proper USDA: Farm Service Agency (FSA) Service Center, I will provide NDDA with a copy of the FSA map showing planted hemp acres.
5. I will report hemp acres to NDDA no later than 14 days after planting, using approved forms.
6. I will notify the Hemp Program Coordinator 15 days prior to anticipated harvest and at least 1 week prior to desired testing date.
7. I acknowledge NDDA will charge additional fees for official NDDA samples.
8. I will not harvest hemp without approval from NDDA and understand the harvesting without approval could result in the destruction of my crop.
9. I understand that harvesting any hemp prior to receiving results from the official NDDA sample with legal THC levels means that NDDA will not be able to retest any harvested lots.
10. I understand that the Total THC of the plants grown must measure at or below 0.3% Total THC based on the official sample and test conducted by the NDDA. $\text{Total THC} = \text{THCa} * 0.877 + \Delta 9\text{-THC}$.
11. I acknowledge that I am responsible any costs associated with the destruction and/or confiscation of non-compliant hemp.
12. I acknowledge it is recommended to test and monitor Total THC levels using the same protocol utilized by NDDA.
13. I certify that I have not been convicted of a felony relating to a controlled substance since the submission of my background check.

I, the undersigned applicant, understand and agree to all the above-listed statements.

Signature of Applicant	Date
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