



INDUSTRIAL HEMP PROGRAM APPLICATION

Please type or print clearly (*Incomplete or illegible forms will be returned*)

¹TYPE OF LICENSE (Descriptions are found in A.A.C. R3-4-1003)

Select one or more of the following AND complete the associated form to submit with this application:

- GROWER-**G** NURSERY-**N** HARVESTER-**H** TRANSPORTER-**T** PROCESSOR-**P**

²LICENSING FEES (DUE AFTER APPLICATION APPROVAL):

A full list of program fees can be found in Table 1. of A.A.C. R3-4-1005

GROWER \$1,500	NURSERY \$1,000	HARVESTER \$150	TRANSPORTER \$150	PROCESSOR \$3,000
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APPLICANT INFORMATION

³Person/Responsible Party:

⁴Last Name: _____ ⁵First Name: _____

⁶Company/Organization/Co-op Name (if applicable): _____

⁷Tax ID or SS#: _____ ⁸Email: _____

⁹Mailing Address: _____

City: _____ State: _____ Zip: _____

¹⁰Work Phone: _____ ¹¹Alternate Phone: _____

¹²Principle Arizona Business Address (if Different From Above): _____

City: _____ Zip: _____

¹³Has the applicant ever been denied, debarred, suspended, revoked, or otherwise prohibited from participating in any public procurement or licensing activity. YES NO If "YES", Explain:

¹⁴Are you applying to establish an industrial hemp operation as a member of an Indian Tribe/Community or as a tenant on Indian Tribal/Community lands? YES NO (*If "YES", the applicant will be contacted with further instructions.*)

¹⁵Are you applying as part of a non-profit research program? YES NO (*If "YES", the applicant will be contacted with further instructions.*)

PROGRAM ELIGIBILITY

¹⁶Level I Fingerprint Clearance Card ID #: _____

¹⁷Age and citizenship status (A.R.S. § 41-1080)

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Dept. Use Only
Date Rec'd _____ Rec'd by: _____ Date: _____ Appl#: _____



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INFORMATION FOR PUBLIC POSTING

Complete the following information to be posted to the Department’s website, once the applicant is issued a license. <https://agriculture.az.gov/plantsproduce/industrial-hemp-program>.

Name and Company Name (If applicable) (*Required*): _____

Business Address: _____ City: _____

State: _____ Zip: _____ Business Phone Number: _____

Business Email: _____

AUTHORIZED SIGNATURE

By signing this application, I certify, agree, understand and acknowledge the following:

1. The information in this entire application, including all subparts and attachments, is complete, current, correct, and not misleading.
2. Any misstatements or omissions (whether intentional or unintentional) on this application may constitute cause for denial of my application.
3. A photocopy of this application, including this attestation, the authorization and release of information form and any or all attachments has the same force and effect as the original.
4. While this application is being processed, I agree to update the information originally provided should there be any change in the information.
5. No action will be taken on this application until it is complete and all outstanding questions with respect to the application have been resolved.
6. The information provided by the applicant is considered public record and may be subject to a public records request for disclosure, and if the applicant does not want personal phone numbers, email addresses, or street addresses disclosed, that personal information should not be used as business contact information.
7. I acknowledge that approval of an application is in the reasonable discretion of the department and that completing an application is no guarantee that a license will be approved.

¹⁸**Authorized Signature**

¹⁹**Date**

²⁰Completed pre-applications, forms, labeled maps or aerial photos, and authorizations must be submitted to: Arizona Department of Agriculture - Plant Services Division - 1688 W. Adams St. - Phoenix, AZ 85007; or emailed to: azhemp@azda.gov

The Industrial Hemp Program is authorized under A.R.S. § 3-312.

For questions, please call 602-542-0955 or email: azhemp@azda.gov.