



APPLICATION FOR INDUSTRIAL HEMP LICENSE
NORTH DAKOTA DEPARTMENT OF AGRICULTURE
 SFN 58476 (12-06)

ND Department of Agriculture
 600 E. Boulevard Ave., Dept 602
 Bismarck, ND 58505-0020
 Phone: (701) 328-2231
 1-800-242-7535

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

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

See instructions:	<input type="checkbox"/> Primary applicant	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	If applying as an individual assisting primary applicant, list full name of primary applicant:
	<input type="checkbox"/> Individual assisting primary applicant	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	
Last Name	First Name (no initials)		Middle Name (no initials)	
List all other names you have used including nicknames: if female, furnish maiden name. If you have ever used any surnames other than your true name, during what period and under what circumstances were those names used? If you have ever legally changed your name, give date, place, and court. Please explain by attachment.				
Address	City	State	Zip Code (9 digit)	
Date of Birth (MM/DD/YYYY)	Social Security Number	Are you a citizen of the United States <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If not, do you have an alien registration number <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain by attachment.	Work Telephone Number		Alien Registration Number	
	Home Telephone Number		Email Address	
	Cell Phone Number			

List all addresses for past 10 years, most recent first, include street address, city, state, and date (month and year) of residence at each address.

STREET ADDRESS	CITY	STATE	ZIP CODE	DATES	
				From:	To:
				From:	To:
				From:	To:

Primary applicant must list all individuals who will be involved in any manner in handling or producing industrial hemp. Use attachment if more space is required.

Name	Address	Telephone Number
City	State	Zip Code
Name	Address	Telephone Number
City	State	Zip Code

Note: Each individual listed above must complete an application form as an individual assisting primary applicant.

INDUSTRIAL HEMP PRODUCTION INFORMATION		
Number of Acres:	(Minimum of 10 acres per license)	
Legal description of each field is required. Geopositioning field location data must be in latitude and longitude decimal degree format using WGS 84 datum. All field corners must be marked with geopositioning instrumentation. Use attachment if more application space is required.		
Field 1 Legal Description:	Range:	Section:
Field corner: 1	Latitude	Longitude
Field corner: 2	Latitude	Longitude
Field corner: 3	Latitude	Longitude
Field corner: 4	Latitude	Longitude
Field corner: 5	Latitude	Longitude

Number of Acres: _____ (Minimum of 10 acres per license)			
Legal description of each field is required. Geopositioning field location data must be in latitude and longitude decimal degree format using WGS 84 datum. All field corners must be marked with geopositioning instrumentation. Use attachment if more application space is required.			
Field 2 Legal Description: Township: _____		Range: _____	Section: _____
Field corner: 1	Latitude	Longitude	
Field corner: 2	Latitude	Longitude	
Field corner: 3	Latitude	Longitude	
Field corner: 4	Latitude	Longitude	
Field corner: 5	Latitude	Longitude	
For each field, an official United States Department of Agriculture Farm Service Agency aerial map indicating the entire field perimeter and corresponding field corners must be attached with the application. Have you attached the required FSA maps <input type="checkbox"/> Yes <input type="checkbox"/> No If no, the application will be considered incomplete and returned.			
RENEWAL LICENSE APPLICANT ONLY			
CHECK IF APPLIES: <input type="checkbox"/> All crop marketed during the previous licensed year. <input type="checkbox"/> All crop not marketed in the previous licensed year. <input type="checkbox"/> No crop planted under previous license.			
Crop storage – county	Legal Description Township: _____	Range: _____	Section: _____
Geopositioning data: storage (WGS 84 datum)	Latitude	Longitude	Quantity in storage

Application fees: Check either primary applicant or individual assisting primary applicant. Also, check either the Initial or Renewal box.

Primary applicant: Initial Renewal

Number of acres: _____ (\$5 per acre/\$150 minimum fee)	<u>Initial</u> \$ _____	<u>Renewal</u> \$ _____
North Dakota criminal history record fee (required for Initial applicants only)	\$ <u>15.00</u>	\$ <u>N/A</u>
Fingerprint processing fee (required for Initial applicants only)	\$ <u>15.00</u>	\$ <u>N/A</u>
Nationwide criminal history record fee (required for Initial applicants only)	\$ <u>17.25</u>	\$ <u>N/A</u>
TOTAL: \$ _____		\$ _____

Make check for application fees to the North Dakota Department of Agriculture.

Individual assisting primary applicant Initial Renewal

North Dakota criminal record fee (required for Initial applicants only)	<u>Initial</u> \$ <u>15.00</u>	<u>Renewal</u> \$ <u>N/A</u>
Fingerprint processing fee (required for Initial applicants only)	\$ <u>15.00</u>	\$ <u>N/A</u>
Nationwide criminal history record fee (required for Initial applicants only)	\$ <u>17.25</u>	\$ <u>N/A</u>
TOTAL: \$ <u>47.25</u>		\$ <u>N/A</u>

Make check for application fees to the North Dakota Department of Agriculture. There are no application fees for renewal applications for individuals assisting primary applicants.

Two sets of fingerprints on prescribed forms must be submitted with applications for **Initial applicants only**. Have you attached fingerprints if you are applying for your initial license as a primary applicant or an individual assisting a primary applicant?

Yes No If no, the application will be considered incomplete and returned.

Notice: Fingerprints will only be accepted on cards distributed by the North Dakota Department of Agriculture. Contact the North Dakota Department of Agriculture for official fingerprint cards. **Do not fold or crease fingerprint cards.** Folded or creased fingerprint cards will be returned to the applicant.

I declare under the penalty of perjury that the information furnished herein is true, correct, and complete. I understand that knowingly providing false information may be cause for denial or revocation of license. The Department is authorized to release social security numbers to the North Dakota Bureau of Criminal Investigation and the Federal Bureau of Investigation. Pursuant to North Dakota Century Code 12-60-16.8, I hereby authorize the North Dakota Bureau of Criminal Investigation to release a copy of my criminal history record to the agriculture commissioner, provided, however; that the Bureau may release only that information pertaining to reportable events occurring within the past three years and information regarding any conviction.

State of _____)
 _____)
 _____)
 County of _____)

 Applicant Signature

 Date

Subscribed and sworn to before me this _____ day of _____ 20____.

 Notary Public

(Seal)

 My commission expires on:

Return to: North Dakota Department of Agriculture
 Industrial Hemp Program
 600 E. Boulevard Ave., Dept 602
 Bismarck, North Dakota 58505-0020

FOR OFFICE USE ONLY

Check number	Amount \$
Application approved <input type="checkbox"/>	License number:
Application denied <input type="checkbox"/>	Explain:
Criminal history checks requested (Date):	Application forwarded to DEA by applicant (Date):
DEA registration approval <input type="checkbox"/>	DEA Registration Number
DEA application denied <input type="checkbox"/>	Comments:
DEA comments	
Other comments	