

AGRICULTURAL SCIENCES DIVISION

PO Box 200201-Helena, MT 59620-0201 March 25, 2019 - afacolment 6 hempinfo@mt.gov - (406) 444-0512 H-122

## **HEMP LICENSE APPLICATION**

For year ending April 30, 2020

Fingerprints of the applicant and all corporate officers must be submitted to the department by a law enforcement agency.

This Hemp License application, appropriate fees and fingerprints must be received by May 1, 2019 to be considered.

APPLICANT INFORMATION	Were you licensed in 20	018? □ Yes □ No	o If Yes Please Provide	License Number:
Business Name			Business ID Number	
Last Name		First Name		
Mailing Address		- Initial Control of the Control of		
City			State	ZIP
Phone	Cell Phone		Email	
FIELD INFORMATION: Detailed aerial photos municipality and navigable roads must be submit Montana producers in an amount that exceeds \$	itted with the application.	Purchases of hem	p (defined as a commodi mmodity Dealer's license.	ty in Montana) directly from
Field 1		Field 2		
Township: Range: Section:	¼ Section:			n: ¼ Section:
Field Center Lat/Long:		Field Center Lat/Long:		
Field Address:		Field Address:		
City: State:	Zip:			Zip:
Land Owner or Agent Signature:  Land Owner Name (print):		Land Owner or Agent Signature:  Land Owner Name (print):		
Number of Individual Fields to Plant:	Total Acres:			
☐ Fiber ☐ Construction Materials ☐ Cosmetics/Beauty/Health ☐ Seed Oil ☐ Food/Beverage ☐ Variety Trials/Research ☐ Animal Bedding ☐ Biofuel ☐ Cannabinoid Oils ☐ Phyto Remediation ☐ Seed Stock ☐ Textiles ☐ Other What is/are your primary goal(s) for this project?				
SEED VARIETIES AND SOURCES		Wi		
Hemp varieties must be approved by the departr Variety				
variety	Licensed Seed Dea	iler	Pounds	
LICENSES AND FEES				
MONTANA STATE HEMP PROGRAM PARTIC	IPANT			D 6450
ATTESTATION STATEMENT  I hereby certify that the information contained in hemp may be subject to federal prosecution. I ag 107, including consent to entrance of above proponents.  Name:  Signature:	n and submitted with this a gree to comply with Section perty by the department fo	n 80-18-101 throu	igh 80-18-111, MCA and A	ARM 4.12.3104 and 4.19.101-
MDA OFFICE USE ONLY				
Date Received: License Number:				



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## **Instructions**

**Applicant Information:** Please print clearly or type all required information. If the applicant is a business, please provide the Business License Number on file with the Montana Secretary of State's Office. First-time applicants, including all corporate officers, must be fingerprinted at a law enforcement agency. The law enforcement agency, not the applicant, must send the fingerprint sheet to the Department.

**Criminal Background Check:** Hemp program participation requires no prior convictions of felony drug charges in the previous 10 years.

**Field Information:** Please provide the exact location of each field or greenhouse where the industrial hemp will be grown. Attach additional pages if more than two locations are being planted. The legal landowner of the property or their agent must sign the application to allow participation in the program. Rented or leased fields must have the actual land owner signature for each field.

**Seed Varieties and Sources:** The applicant must obtain only approved seed, either certified to the Association of Official Seed Certifying Agencies (AOSCA) or the Organization for Economic Cooperation and Development (OECD) standard or another standard recognized by the department. The applicant can purchase approved seed directly from any licensed seed dealer. Licensed seed dealers can be found at

https://mtplants.mt.gov/Licenses/External/ExternalLicenseSearch.aspx. Persons distributing hemp seeds for planting must comply with the Montana Agricultural Seed and Patented Plant Material Act, excluding exemptions listed in Section 80-5-104(4), MCA.

**Intended Use for Crops:** Please check all boxes that describe the planned uses for your hemp crop. The Montana State Hemp Program does not guarantee that hemp products can be sold.

License Fees: Please enclose a check for the appropriate program fees.

**Contact Information and Signature**: The applicant must completely fill out and sign the Montana State Hemp Program Application.

**Agricultural Agronomic Report:** At the end of the licensure year, participants must submit an agricultural/agronomic report regarding their experience with their hemp crop. The report shall include:

- The approximate yield in pounds per acre.
- Any sale or distribution of any industrial hemp grown.
- Name and address of the person receiving the industrial hemp.

## Mail To:

Montana Department of Agriculture- CSB Industrial Hemp Program 302 N. Roberts St. PO Box 200201 Helena, MT 59620-0201

Additional information and forms, including a FAQ addressing many questions associated with new regulations related to the 2018 Farm Bill can be found at <a href="https://agr.mt.gov/Industrial-Hemp">https://agr.mt.gov/Industrial-Hemp</a>. For additional assistance, please contact Andy Gray at (406) 444-0512 or by email at <a href="https://agr.mt.gov/email.gov">https://agr.mt.gov/email.gov</a>.