



## **2020 Industrial Hemp Grower Application**

### Required Attachments Checklist:

- Pages 1-6 of the 2020 Oklahoma Industrial Hemp Grower Application (completed and signed)
  
- An aerial farm map for each grow location that includes the following information: site address, GPS coordinates, named roads, clearly marked boundaries of the growing area. Varieties must be marked on map. *Please see the ODAFF website for an example.*
  
- Provide proof of land ownership for the grow location  
*Acceptable forms of proof: deeds, tax payment information, and other documents deemed acceptable by the Department*
  
- If the property is leased, an original signed, dated, notarized letter of acknowledgement for each person with an ownership interest in the cultivation site indicating their approval for the cultivation of hemp. If applicable, proof of lease between landowner and grower. *The lease must state that hemp is allowed to be grown on the property.*
  
- Provide contact information for the landowner(s), lessee (*if applicable*), and/or hemp farmer (*if applicable*). Contact information must include, but is not limited to: contact name, mailing address, phone number, and email address
  
- If applying as a business, provide proof of registration from the Secretary of State and a list of business members who will be involved with the hemp growing and/or processing at the licensed location.
  
- Attach 'fees due' to this application and return to:  
*See Page 6 to enter credit card information*

Attn: Industrial Hemp-Consumer Protection Services  
Oklahoma Department of Agriculture, Food, and Forestry  
PO Box 528804  
Oklahoma City, OK 73152-8804

**License fees are non-refundable.**  
**Incomplete or illegible applications cannot be processed.**

Oklahoma Department Of Agriculture, Food and Forestry  
2800 North Lincoln Boulevard  
Oklahoma City, OK 73105-4972  
Phone 405-522-5974  
hemp@ag.ok.gov



## **2020 Industrial Hemp Grower Application**

Lic# \_\_\_\_\_

### **Applicant Information**

*Licenses expire on December 31<sup>st</sup> annually  
Please type or print clearly*

Company/Trade Name (if applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Work phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Additional applicant/landowner information must be provided as an attachment to this document and must include contact name, mailing address, phone number(s), and email.



**Industrial Hemp Production Acreage Information (Outdoor)**

Total number of acres applied for on this application: \_\_\_\_\_

**Contiguous Grow Field**

<u>Legal</u> <u>Description:</u>		Section:	Township:	Range:
Field GPS: Decimal Degrees <i>(from field center)</i>	Lat:	Long:		
List varieties present: <i>(attach map listing and showing locations)</i>				Acres:
County:				

**Greenhouse Industrial Hemp Production Information (Indoor)**

Total number of square feet applied for on this application: \_\_\_\_\_

Address and location with the property of each growing area is required. Use attachment if more space is required.

**Grow Site 1 (Range / Room)**

Building Address:				
Building GPS: Decimal Degrees <i>(from bldg. center)</i>	Lat:	Long:		
List varieties present: <i>(attach map listing and showing locations)</i>				Sq. Ft:
County:				



**License Fees**

License per Contiguous Field -----	\$500.00
Acres @ \$5.00/Acre _____ acres * \$5.00=	
Sq Ft Greenhouse @ \$0.33/Sq Ft _____ sq.ft. * \$0.33=	
<b>TOTAL</b>	

**Intended Use and Disposition**

*Check all that apply*

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> CBD Oil      | <input type="checkbox"/> Fiber             | <input type="checkbox"/> Paper Products                           |
| <input type="checkbox"/> Clones       | <input type="checkbox"/> Livestock Bedding | <input type="checkbox"/> Seed                                     |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Molded Plastics   | <input type="checkbox"/> Other (explain): _____<br>_____<br>_____ |

**Schedule of Intended Planting and Harvest Dates**

Note: Applications must be submitted 30 days prior to planting. The Department will conduct inspections to verify that the total THC concentration does not exceed 0.3% prior to harvest. Any industrial hemp that is not harvested on or before December 31<sup>st</sup> must be declared for inclusion in a subsequent license or destroyed by the license holder

Approximate Planting Date: \_\_\_\_\_

Approximate Harvest Date: \_\_\_\_\_

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**Legal Statement**

*Each person involved in growing or processing procedures must submit and sign a separate Legal Statement. Copy this form to accommodate for each person.*

I, (*print name*) \_\_\_\_\_, the owner or person with legal control of and authority to bind, the herein named applicant, have read and understand all of the conditions and obligations stated herein. I understand and agree, as required by Oklahoma Industrial Hemp Program:

(*please initial*): \_\_\_\_\_ I understand and agree that if the industrial hemp grown exceeds 0.3% delta-9 tetrahydrocannabinol concentration by dry weight, the crop will be destroyed.

(*please initial*): \_\_\_\_\_ I understand and agree that any information provided by licensee is subject to public disclosure under the Open Records Act.

(*please initial*): \_\_\_\_\_ I understand and agree that any information provided by the Licensee may be released by the Department to law enforcement agencies without notice to the Licensee.

(*please initial*): \_\_\_\_\_ I understand and agree that the institution of licensee shall fully cooperate with the Department, grant the Department physical access to any part of the cultivation site and allow inspection and sampling that the Department deems necessary.

(*please initial*): \_\_\_\_\_ I understand and agree that licensees are responsible for an hourly inspection rate of \$35.00 per hour per inspector for actual time devoted to the inspection of a contiguous field or building and are to pay within 30 days of receiving an invoice from the Department.

(*please initial*): \_\_\_\_\_ I understand and agree that licensees are responsible for the laboratory analysis costs of sample(s) and are to pay within 30 days of receiving an invoice from the Department.

(*please initial*): \_\_\_\_\_ I understand and agree that the licensee shall submit all required reports by the dates specified by the Department.

(*please initial*): \_\_\_\_\_ I understand and agree that the licensee shall file a harvest report for each license on a form provided by the Department.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Oklahoma Department Of Agriculture, Food and Forestry  
 2800 North Lincoln Boulevard  
 Oklahoma City, OK 73105-4972  
 Phone 405-522-5974  
 hemp@ag.ok.gov



Card Number: _____	Amount Paid: _____
Type of Card ( <i>check your card type</i> ) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Expiration Date ( <i>MM/YY</i> ): _____
Print Name on Card: _____	

Office Use Only

License #	
Paid	Yes      No
Receipt #	
Total Acres or Sq.Ft.	