



# New Jersey Department of Agriculture 2022 Hemp Program

## Grower License Application

Anyone growing hemp in the State of New Jersey must successfully complete the full application process with the New Jersey Department of Agriculture (NJDA) and sign a *Grower Licensing Application* before taking possession of any viable hemp seeds/propagules or in-program harvested hemp materials.

**Directions:** Complete all parts of the following application and submit this application, the \$50 nonrefundable application fee, and all required attachments to New Jersey Department of Agriculture, Hemp Program, P.O. Box 330, Trenton, New Jersey 08625. Be sure to keep a copy of the full application for your records.

NJDA is not responsible for missing information due to formatting or printing errors by the applicant. All information submitted must be typed, accurate, and complete. Incomplete submissions may result in the application's removal from consideration; If any information herein is later determined by NJDA to be inaccurate, the application and *Grower Licensing Agreement* may be withheld or terminated.

<b>OFFICIAL USE ONLY.</b>	
Check Number:	
Date Rcvd	
Bkgrd Chk:	

<b>I. Applicant Information</b>	
1) Are you applying as a business or an individual?	
Check one:	<input type="checkbox"/> Business Entity (Complete Part A in this table; skip Part B) <input type="checkbox"/> Individual (Skip Part A; Complete Part B in this table, next page)
A. If applying as a business, complete Section A, questions A1 – A10. NOTE: For business application, the business MUST be an established legal entity, and a <i>Signing Authority for Business Entities</i> form must be attached to this application.	
A1. Name of Business:	EIN Number-No SSI#:
DBA:	
A2. Is this business registered with the State of New Jersey?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
A3. Business type (example: LLC, C-Corp., Partnership, etc.):	
A4. Mailing Address of Business:	
A5. Principal Physical Address of Business in New Jersey:	
<small>EIN Number: An employer identification number (EIN) is a nine-digit number assigned by the IRS. It's used to identify the tax accounts of employers and certain others who have no employees. EINs are used by employers, sole proprietors, corporations, partnerships, non-profit associations, trusts, estates of decedents, government agencies, certain individuals, and other business entities. <b>DBA</b> aka Doing Business As</small>	

<b>A6. Name of Applicant (Individual with Signing Authority and Key Participants):</b> <i>List names as they appear on the background check. JR. ___ SR. ___</i>	
1. _____	3. _____
2. _____	4. _____
<b>A7. Title of Applicant</b>	
<b>A8. Primary Residential Address of Applicant:</b>	
<b>County:</b>	
<b>A9. Email for Applicant:</b>	<b>A10. Primary Phone:</b>
	<b>Cell Phone:</b>

<b>B. If applying as an Individual, complete Section B, questions B1 – B7.</b>	
<b>B1. Name of Individual Applicant:</b>	JR. _ SR.      EIN#-No SSI#:
<b>B2. Mailing Address of Applicant:</b>	
<b>B3. Primary Residential Address of Applicant:</b>	
<b>B4. Primary New Jersey Address Where Applicant Lives During Growing Season, if different from B3:</b>	
<b>B5. Email for Applicant:</b> Note: Email is the primary method of communication for this program.	
<b>B6. Cell Phone:</b>	<b>B7. Home Phone, if different:</b>

2) You may authorize ONE secondary contact person, other than the applicant, to send and receive information related to your proposed project. They will be able to send in reports and may receive all communications related to your project. They will not have the authority to add or remove registered sites or terminate a license. **If you would like to add a secondary contact person, complete the table below.**

Name	Address	Email	Phone

3) Provide a list of all individuals (other than yourself), who will be primarily responsible for the growing or handling of the applicant’s hemp, including contractors. List each person’s name, city, state, phone number, and responsibilities associated with this project. Attach additional sheet(s) if necessary.

Name	City	State	Phone Number	Specific Responsibilities related to the proposed industrial hemp project



**4) To document your farming experience, answer parts (a– d).**

**a) Indicate the years in which you have filed an IRS 1040 Schedule F, federal taxform:**

2017  2018  2019  2020  2021  Not Applicable

**b) Provide your FSN (Farm Serial Number with the USDA Farm Service Agency) for properties you currently own or rent in New Jersey and that you intend to use for your project.**

FSN#s: \_\_\_\_\_ Tract#: \_\_\_\_\_

**5) Were you previously a participant in any other Hemp Program?**

Yes  No

**What Program?** \_\_\_\_\_

**6) Indicate the proposed focus of your 2022 hemp project (check all that apply).**

- Grain
- Fiber
  - Floral Material (CBD, other phytocannabinoids, terpenoids, or any other extracts)
- Replication of seeds
  - Replication of vegetative planting stock (i.e., production of transplants)
- Other (describe):

**7) Explain your planned source of seeds and/or propagules by indicating the source in the table below. Identifying and purchasing seed and/or planting stock is the responsibility of the participant, not NJDA.**

	<b>Seed/Planting Stock Source (Company Name, Variety)</b>	<b>City, State</b>	<b>Country</b>	<b>Type of Material (seeds or transplants)</b>
<b>1)</b>				
<b>2)</b>				
<b>3)</b>				

**8) What is your intended marketing plan for the crop? Be sure to specifically indicate the name of any processor(s) you are working with.**

NOTE 1: Participants are not obligated by NJDA to remain with a single processor; however, NJDA does not become involved in any contract negotiations or disputes

NOTE 2: All New Jersey processors and wholesale buyers of in-program materials are required to be licensed in the NJDA Hemp Program



**9) Read each statement below and initial the box next to the statement to indicate your understanding.**

- There is a \$300 plus \$15/acre license fee. Which includes the total of both outdoor and indoor acres per establishment. Any additions or changes to the GPS coordinates listed for growing locations after signing a *Grower Licensing Agreement* will require the participant to pay a \$300 plus \$15 per acre Site Modification Surcharge (SMS) fee per addition or change to each GPS coordinate.  
NOTE: This SMS is NOT per address like the participation fee; it is assessed per GPS coordinate whether it is on an already approved address or a new address.
- Locations must be approved and included in your *Grower Licensing Agreement* with NJDA prior to the planting, handling, or storage of any industrial hemp at that location.
- You are required to provide precise GPS coordinates in DEGREES DECIMAL MINUTES for each field/plot, greenhouse, indoor growing location, building, and storage at each address.  
Example: lat: 38° 9.919'N, long: 84° 49.267'W
- You are required to provide a map of each address with the application. (For complete instructions, see page viii-x, *Instructions for Creating Maps for Submission with the Application*, in the application packet.)
- The following Land Use Restrictions apply to all approved Grower Licenses. By checking the box next to each statement, you are agreeing to NOT propose any sites that would be in contradiction to the restrictions:
  - I will not grow cannabis that is not hemp (cannot have a decarboxylated delta-9-tetrahydrocannabinol concentration of more than 0.3%).
  - I will not grow, handle, or store hemp on any land which is not owned or leased and completely controlled by the license holder.
  - I will not grow, handle, or store hemp on land owned by or leased from any person who was terminated or denied admission to the program.

**10) Provide a list of all locations requested for registration by completing the tables below in parts a) Fields, b) Greenhouses/Indoor Growing Locations, and c) Handling/Storage Locations. Attach additional page(s) as necessary.**

**a) Field Locations.**

**i. Indicate total acres planned for cultivation as identified in the tables below**

**(Department Policy- 1 Acre Active Growing per Address):**

**Acres:** \_\_\_\_\_

**ii. Enter information for requested FIELD growing locations in the tables below.**

NOTE: There is a \$300 plus a \$15/acre fee.

**iii. Attach maps of each address**, including all required map information outlined in the *Instructions for Creating Maps for Submission* (found in the application instruction materials).

	Farm Address 1	City	State	Zip	County	Own or Rent
Farm 1			NJ			
	Indicate if this farm has multiple entrances: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of entrances:					
	Location ID*, Lot#	GPS: Latitude Ex: 38° 9.919'N	GPS: Longitude Ex: 84° 49.267'W	Acres		
	Field 1					
Field 2						
Field 3						
	Farm Address 2	City	State	Zip	County	Own or Rent
Farm 2			NJ			
	Indicate if this farm has multiple entrances: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of entrances:					
	Location ID*, Lot#	GPS: Latitude Ex: 38° 9.919'N	GPS: Longitude Ex: 84° 49.267'W	Acres		
	Field 1					
Field 2						
Field 3						
	Farm Address 3	City	State	Zip	County	Own or Rent
Farm 3			NJ			
	Indicate if this farm has multiple entrances: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of entrances:					
	Location ID*, Lot #	GPS: Latitude Ex: 38° 9.919'N	GPS: Longitude Ex: 84° 49.267'W	Acres		
	Field 1					
Field 2						
Field 3						

\* Location ID: A unique identifier or common name for each field, as designated by the applicant. The Location ID will be listed in the *Licensing Agreement* and used to identify the field.

**b) Greenhouse / Indoor Growing Locations.**

- i. Indicate total square feet planned for indoor growing as indicated in the tables below (Department Policy- 0.25 Acres per address):**

**Square Feet:**

- ii. Indicate type of greenhouse production (check or circle all that apply):**

- Transplants only (either seeded or vegetative cuttings), or seasonal stock plants
- Stock plants, year round
- Year-round production with intent to harvest indoor plants

- iii. Enter requested Greenhouse/Indoor Growing Locations in the tables below.**

NOTE 1: \$15/acre fee. Square Footage rounded to nearest whole acre.

NOTE 2: **You MUST declare greenhouse production to legally grow in a greenhouse or indoor structure;** those approved growers who attempt to grow indoors without declaring such usage shall be considered to be growing at an unapproved location and may be subject to penalties.



NOTE 3: Any container plants outside a registered growing structure are considered field production and MUST be registered.

**Attach maps of each address**, including all required map information outlined in the *Instructions for Creating Maps for Submission* (found in the application instruction materials).

Greenhouse/ Indoor Location 1	Greenhouse/Indoor Address 1		City	State	Zip	County	Own or Rent
				NJ			
	Location ID*	Type of Structure <sup>+</sup>	GPS: Latitude Ex: 38° 9.919'N	GPS: Longitude Ex: 84° 49.267'W	Square Feet		
Structure 1							
Structure 2							
Structure 3							
Structure 4							

  

Greenhouse/ Indoor Location 2	Greenhouse/Indoor Address 2		City	State	Zip	County	Own or Rent
				NJ			
	Location ID*	Type of Structure <sup>+</sup>	GPS: Latitude Ex: 38° 9.919'N	GPS: Longitude Ex: 84° 49.267'W	Square Feet		
Structure 1							
Structure 2							
Structure 3							
Structure 4							

<sup>+</sup> Type of Structure may be a greenhouse or high tunnel.

\* Location ID: A unique identifier or common name for each structure, as designated by the applicant. The Location ID will be listed in the *Licensing Agreement* and used to identify the structure.

**Storage Locations**

**i. Enter information for requested handling/storage locations in the tables below:**

NOTE 1: The \$300 plus \$15/acre fee does **not** apply to storage only addresses for growers storing their own hemp.

NOTE 2: Storage addresses must be listed in the below table even if listed in tables for part (a) or

(b) above, in order to provide GPS coordinates for the buildings.

**ii. Attach maps of each address**, including all required map information outlined in the *Instructions for Creating Maps for Submission*, found in the application instruction materials.

Storage/ Handling	Storage/ Handling Address 1	City	State	Zip	County	Own or Rent
				NJ		

Location 1	Location ID*	Type of Structure <sup>+</sup>	GPS: Latitude Ex: 38° 9.919'N	GPS: Longitude Ex: 84° 49.267'W	Purpose
Building 1					
Building 2					
Building 3					
Building 4					

  

Storage/ Handling Location 2	Storage/ Handling Address 2	City	State	Zip	County	Own or Rent
				NJ		

  

	Location ID*	Type of Structure <sup>+</sup>	GPS: Latitude Ex: 38° 9.919'N	GPS: Longitude Ex: 84° 49.267'W	Purpose
Building 1					
Building 2					
Building 3					
Building 4					

<sup>+</sup> Type of Structure may be a greenhouse or high tunnel.

\* Location ID: A unique identifier for each building (ex. 1A,2B as designated by the applicant).

11) If any of your locations are leased, please indicate whether you have authorization from the owner allowing hemp to be cultivated on the property. *Lease Agreement with Notarized Letter of Support from Landlord Required.*

Yes  No  Not Applicable

**If Yes, complete the table below for leased locations:**

Leased Location Address	Name of Owner/Landlord	Phone Number of Owner/Landlord

12) Have you ever been convicted of a felony relating to a controlled substance under within the last ten (10) years?  Yes  No If “Yes”, provide dates and details about the conviction(s) that have occurred.



NOTE: It is recommended that applicants submit a NJSP background check request at least two weeks prior to the application deadline. Background check instructions and the proper forms can be found in the application instructions.

**Dates and Details of Convictions:**

### III. Acknowledgments

Read each of the acknowledgment statements below and check “Yes” or “No” to indicate your understanding and acceptance of each statement.

13) I acknowledge that my application, the \$50 nonrefundable application fee, and all attachments must be received by the NJDA. Email submissions will not be accepted because payments for the application fee must be attached to the application. NJDA is not responsible for missing information due to formatting or printing errors on the user end. NJDA is not responsible for applications lost in the mail or not received.

Yes  No

14) I acknowledge that NJDA is not obligated to ask follow-up questions during the application review process. The written responses on this application and attachments should be the sole source of information under consideration for potential participation in the New Jersey Hemp Program.

Yes  No

15) I acknowledge that this is a selective process and not every application may be approved for participation.

Yes  No

16) I acknowledge that the deadline to submit an appeal to NJDA in the event of a denial is 20 days following receipt of notification of application denial.

Yes  No





- 17) **I acknowledge that the following fees will apply, in addition to the \$50 nonrefundable application fee, if my application is approved:**
- Yes  No
  
  - License Fee = \$300 plus \$15/acre, *submitted with completed application.*
  
  - Secondary Pre-Harvest Sample Fee for additional site visits mandated by premature Harvest Reports, or Post-Harvest Retest Fee for THC compliance testing conducted by NJDA = \$150 per variety, location, instance, due within 30-days of invoice by NJDA.
  
  - Site Modification Surcharge = \$300 plus \$15 per acre for each new growing site, due with submission of any *Site Modification Request*. A new growing site is defined as any GPS location not listed in the *Grower Licensing Application* (i.e., any change to or addition of GPS coordinates at an address on the License, or for the addition of a GPS coordinate not approved for the *License*). The Site Modification Surcharge does not apply to storage- only sites, but request and approval is still required.
- 18) **Failure to pay the required fees, submit required notifications to NJDA Hemp Staff, or obtain any necessary written approvals in advance may result in appropriate action, including expulsion from the program and the destruction of hemp materials without compensation.**  Yes  No
- 19) **I affirm that, if approved for participation, I will abide by all requirements of the New Jersey Department of Agriculture Hemp Program, including timely submission of reporting forms and required attachments. Forms for growers include those listed below.**
- *Pre Planting* Report – within to 5 days prior to the first day of planting in any location
  - *Planting* Report – due 10 days after planting
  - *Transfer (Chain of Custody)* Report - due for movement of In Program hemp within 5 days
  - *Harvest/Disposal Report* form – due at least 30 days prior to harvest or destruction of a failed crop; triggers an inspection and THC sampling
  - Production Report from- due by December from all participants who planted hemp
  - Other forms as deemed necessary by NJDA for Program Administration \_\_\_ Yes \_\_\_ No
- 20) **I acknowledge that, upon request from NJDA Staff, New Jersey State Police, or other state or local law enforcement officers, licensees must immediately produce a copy of their *Grower License* for inspection.**
- Yes  No
- 21) **I consent that, if approved for participation, NJDA Staff, New Jersey State Police, and other representatives of federal, state and local law enforcement agencies and drug suppression units may enter onto all premises where industrial hemp or other cannabis plants or materials are located, or licensed to be located. Refusal to grant entry or otherwise obstructing such site visits or inspections is a violation of the Hemp Program and may result in the suspension or revocation of my license.**
- Yes  No



**22) I consent to the confiscation or order for destruction of all hemp or other cannabis plants and materials found to be growing in unlicensed locations, and I waive any right to seek compensation for such plants.**

Yes       No

**23) I acknowledge that all physical addresses and GPS coordinates of the location(s) to be used to grow, handle, or store industrial hemp must be submitted with this application. This application constitutes written consent by the applicant to allow NJDA representatives access to any location as deemed necessary by NJDA for evaluation and verification of compliance with the Program.**

Yes       No

**24) I acknowledge that my name and all growing, handling, and storage locations will be conveyed to the New Jersey State Police (NJSP), the USDA and other law enforcement agencies.**

Yes       No

**25) I acknowledge that I or an authorized representative of the operation who is knowledgeable about our hemp production activities shall be available on location by appointment for on-site visits by NJDA for the purpose of scheduled inspection or sampling.**

Yes       No

**26) I affirm that, if I am granted a *Grower License*, I shall not allow other persons to grow under my license in lieu of their own application to the New Jersey Hemp Program.**

Yes       No

**27) I accept the inherent risk associated with participation in the Hemp Program. I acknowledge that both personal and financial loss may be possible and agree that NJDA is not responsible for reimbursing or compensating any participant for any loss resulting from involvement with the Program.**

Yes       No

**28) I acknowledge that grower applicants are required to apply on an annual basis, and all participants growers, processors and handlers – does not guarantee or imply automatic approval for future participation in the Program.**

Yes       No

**29) I recognize that outside of the NJDA's Hemp Program it is illegal to grow, handle or process hemp materials in New Jersey. If my license is terminated or expires, I will not be allowed to possess hemp and will lawfully dispose of any remaining hemp prior to the date of expiration or termination of my license.**

Yes      No



**30) I agree that my registered sites shall only be used to grow or store hemp and shall not be used to grow unlawful cannabis (cannot have a decarboxylated delta-9-tetrahydrocannabinol concentration of more than 0.3%).**

Yes  No

**Attachments**

Check all attachments below that you are submitting with this application. In addition to those listed, attachments may include extended answers to any question in the application, a business plan, or other supporting documents. If the attachment is supplementary information to a question in this form, be sure to 1) include the question number on the document; and 2) start each new question attachment on a new page.

- REQUIRED: Application Fee: Check or Money Order for \$50 made payable to New Jersey Department of Agriculture.
- REQUIRED: Copy of Driver’s License for the applicant.
- REQUIRED: Copy of Background Check from NJSP for the applicant and, if applicable, key participants. NJDA must receive & approve background checks for the applicant and all key participants prior to issuing your license. You may not begin purchasing or growing hemp until you receive your license. Indicate date background check(s) requested: \_\_\_\_\_
- REQUIRED: Check or money order for \$300 plus \$15/acre made payable to the NJDA, *Separate check or money order from that issued for application fee.*
- REQUIRED: Farm, greenhouse/indoor growing structures, and handling/storage location maps (including applicant name, site address, location ID, Lot#, and GPS coordinates).
- REQUIRED: Letter of Intent from one or more processors, if not self-processing.
- REQUIRED (ONLY for Business Entities): *Signing Authority for Business Entities.*
- Other Attachment (describe): \_\_\_\_\_

**I certify that all of the information contained in this application is true and accurate. I understand that if NJDA later determines any of this information to be inaccurate, the *Grower Licensing Agreement* may be withheld or terminated. I also agree to abide by all of the provisions of the New Jersey Hemp Program found in N.J.A.C. 2:25-1 et seq.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title, if applicable \_\_\_\_\_

**Email submissions will not be accepted because payment for the application fee must be attached to the application.**



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**NJDA is not responsible for applications lost in the mail or not received.**

**NJDA is not required to request additional information for clarity of the application.**

**Mail completed application, the nonrefundable application fee, license fees and all attachments to:**

New Jersey Department of Agriculture  
Attn: Hemp Program  
P.O. Box 330  
Trenton, New Jersey 08625

For more information about the NJDA Hemp Program, please visit  
[https://www.state.nj.us/agriculture/divisions/pi/prog/nj\\_hemp.html](https://www.state.nj.us/agriculture/divisions/pi/prog/nj_hemp.html)

**Douglas H. Fisher**  
Secretary



Division of Plant Industry  
Hemp Program  
P.O. Box 330  
Trenton, NJ 08625  
Phone: (609) 406-6939  
Fax: (609) 5406-6960

**New Jersey Department of Agriculture**  
**Signing Authority for Business Entities**  
**(e.g., LLCs, Corporations, etc.)**

*If completing this form electronically, navigate the form with the mouse or select the next field using the down arrow key.*

<b>Name of Business Entity</b>	
<b>Complete Business Street Address</b>	
<b>EIN Number</b>	
<b>Date of Last Annual Report</b>	

	<b>Printed Name</b>	<b>Title</b>
<b>Signing Authority*</b>		

\*must have an annual background check and copy of driver's license on file with NJDA prior to obtaining a license.

I certify that I have the authority to sign all documents submitted on the entity's behalf to NJDA. I also acknowledge that a change of authorization to sign documents requires written notice to NJDA. (Attach additional sheets if necessary)

I certify that this information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

"Key participant" means a sole proprietor, a partner in partnership, or a person with executive managerial control in a corporation. A person with executive managerial control includes persons such as a chief executive officer, chief operating officer and chief financial officer. This definition does not include non-executive managers such as farm, field, or shift managers.

**Key Participants of Business Entities:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printer Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printer Name and Title