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Check Number:	
Date Rcvd	
Bkgrd Chk:	



NEW JERSEY
DEPARTMENT OF AGRICULTURE
HEMP PROGRAM
 Division of Plant Industry

HEMP PROCESSOR/HANDLER LICENSE APPLICATION

Anyone processing or handling hemp materials in the State of New Jersey must successfully complete the full application process with the New Jersey Department of Agriculture (NJDA) and sign a Processor/Handler Licensing Agreement before taking possession of any viable hemp seeds or in-program harvested hemp materials.

Flt gevlpqpu<'

Complete all parts of the following application and submit this application. The **&7'pqpt ghwpf cdrg''** **cr r dcvlp'gg**, and all required attachments to **P gy 'Lgt ug{ 'F gr ct vo gpv'qhCi t lewvwtg.'J go r''** **Rt qi t co .RQ0Dqz '552.'Vt gpvqp.'P gy 'Lgt ug{ '2: 847**. Be sure to keep a copy of the full application for your records. Virtual submissions are encouraged to reduce the time for application review. Please Email applications to NJHemp@ag.nj.gov.

You will be required to have an NJSP Background check preformed prior to the submission of this application. You will attach a printout or a digital submission of the State Police Background Check to this application for review. NJSP backgrounds are valid for 2 years, to which it is the applicants responsibility to acquire an updated version.

Please scan a valid State Issued I.D. or Passport and attach to the application for the Department to review. Expired I.D.'s will not be accepted by the Department and will result in a rejection of the application. Key Participants will also require valid forms of I.D. for acceptance of an application.

Ensure that the applicant attaches a lease agreement for rented properties to this application prior to submission. Failure to submit a valid lease agreement will result in an immediate rejection of the application.

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.

<u>Official Use Only:</u>		
License #: _____	Business/Client Name: _____	Date Approved: _____

K0 Crr rkecpv'kphqt o cvkqp			
<p>30:'''Ct g' qw'err r' lpi 'bu'e'dwulpgu'lt 'ep'lpf klf wcnA'</p> <p style="text-align: center;"> <input type="checkbox"/> Dwulpgu'Gp'v'w' (Complete Part A in this table; skip Part B) <input type="checkbox"/> kpf klf wcn (Skip Part A; Complete Part B in this table, next page) </p> <p style="text-align: center;">Ej genl'Qpg<</p>			
<p>C0 k'err r' lpi 'bu'e'dwulpgu' 'eqo r'ngv'Uge'v'k'p' 'C. 's' wgn'k'p'u' 'C3' 'd' 'C:</p> <p style="text-align: center;">PQVG<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.</p>			
C30'P co g' qh' Dwulpgu'<'		Dwulpgu'v' r g' %ex: LLC, C-Corp, Partnership, etc 0<	
FDC<'	GR'P' wo dgt<'		
C40'K'v'j k' d'wulpgu'lt gi kwgt gf 'y k'j 'v'j g'Ucv'g' qh'P gy 'Lgt ug{ A'		C70P co g' qh' Crr rkecpv'<'	
Yes No Not Applicable		''''''''V'k'g' qh' Crr rkecpv' %Signing Authority+<'	
C50O c'k'p' 'Cf f t gu' qh' Dwulpgu'<'		C80'Rt ko ct { 'T gu'f gp'v'c' n' Cf f t gu' qh' Crr rkecpv' }	
		El'v' "	Ucv'g' "
		Zip	
C60Rt l'p'ek' r' l'j { u'ec' n' Cf f t gu' qh' Dwulpgu' l'p' P gy 'Lgt ug{ <'		C90E qp'w'ev' k'p'ht o cvkqp''	
		G/o c'k'it'h Crr rkecpv<	
		Dwulpgu' Rj qpg<'	
		E'gn' Rj qpg<'	
C: 0'N'k'v' CNN' Mg{ 'Rct v'lek' r' cp'v' y k'j l'p { qwt 'd'wulpgu' %ex: owns 20% of shares, CFO, etc. +<'			
Rct v'lek' r' cp'v'3''		Rct v'lek' r' cp'v'5''	
P co g<'		P co g<'	
V'k'g<'		V'k'g<'	
Rj qpg' %<'		Rj qpg' %<'	
Go c'k'<'		Go c'k'<'	
Rct v'lek' r' cp'v'4''		Rct v'lek' r' cp'v'6''	
P co g<'		P co g<'	
V'k'g<'		V'k'g<'	
Rj qpg' %<'		Rj qpg' %<'	
Go c'k'<'		Go c'k'<'	
<p>GR'P' wo dgt< 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. FDC aka Doing Business As</p>			



D0Kl'c r r n f l p i 'c u' l p f k k f w c n' e q o r n g v' U g e v k q p' D. 's w g u k q p u' D3' /' D4			
D30P c o g' q h' k p f k k f w c n' <		GP 't' " UUR%<	
D30O c k l p i 'C f f t g u' q h' C r r n e c p v' <		D50Rt l o c t { 'P g y 'L g t u g { 'C f f t g u' Y j g t g' C r r n e c p v' N k x g u' F w t l p g 2024 S g c u p. 'R i f H t g t g p v' t q o 'D5<	
D40Rt l o c t { 'T g u f g p v e n' C f f t g u' q h' C r r n e c p v' <		'D60E q p v e v' k p h q t o c v k q p	
		Go c k i t q h' C r r n e c p v' <	
		E g n' R j q p g <	
		J q o g' R j q p g <	

2) [q w b c { ' e w j q t k g' Q P G' t g e q p f c t { ' e q p v e v' t g t u p. ' t y j g t ' v j c p' ' v j g' e r r n e c p v. ' v q' l p f ' e p f ' t g e g l x g k p h q t o c v k q p' t g r v g f ' v q' { q w t ' r t q r q u g f ' r t q l g e v } 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:		Contact:	
	Email:	Phone #:	
Address:			
Street		State:	
City:		Zip:	

3) R t q x l f g' e' i l u v' q h' e m k p f k k f w c n' * q y j g t ' v j c p' { q w t u g h e' y j q' y k n i d g' r t l o c t k f ' t g u r q p u k d i g' h q t ' v j g p r o c e s s i n g q t' j c p f n p i ' q h' v j g' e r r n e c p v a' j g o r. ' k p e m f l p i ' e q p v t c e v q t u } 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) Indicate the proposed focus of your 2024 hemp project (check all that apply)

- Grain Processing - \$450.00
 - Fiber Processing - \$450.00
 - Handler (\$450 for each check box):
 - Analytical Lab - \$450.00
 - Seed Cleaner - \$450.00
 - Other Service Provided: _____ - \$450.00
- Processor (\$1000 for each check box):**
- Cannabinoid Extraction - \$1000.00
 - Dried Floral Processing - \$1000.00
 - Hemp Seed Oil - \$1000.00

Note 1: Dried Floral Processing is separate from cannabinoid extraction. Dried Floral processing examples include: *pre-rolls, packaged flower, etc.*

Note 2: Each subcategory of "Handler" and "Processor" represents separate costs.

7+ Explain in detail your proposed hemp production operations. Before answering this question, be sure you have reviewed the NJDA Draft Regulations and the Transfer Requirements. Provide the details of your overall plan, including, what you intend to accomplish in 2024 and how you will achieve it. Attach additional sheet(s) if necessary.

6) Do you plan to provide seed or planting stock for any hemp growers?

Yes No

If "Yes", explain your seed/propagule acquisition plan by indicating the source of seed or planting stock you intend to provide by completing the table below. Attach additional pages as necessary.

NOTE: Processors are not authorized to physically possess any type of live plants.

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



7) List the raw hemp materials you plan to acquire for processing or handling. If processing, include the intended products resulting from your processing of hemp. What types of hemp materials are you handling or processing? What types of products and byproducts are you producing and what are their intended use?

	List Raw Hemp Material	List products and/or byproducts, and intended use
1)		
2)		
3)		
4)		
5)		

8) Do you have a valid license with the CRC (*Cannabis Regulatory Commission*) to legally cultivate or manufacture Cannabis that would test above 0.3% Total THC?

Yes No If yes, please fill out the following:

NOTE 1: Dual License are allowed within our program. Ensure that no cannabis is grown in registered hemp sites. Cannabis plants grown in registered sites will be warranted for destruction and culpable violations may occur.

NOTE 2: Equipment meant to process hemp post-harvest MUST be only used for hemp.

a) Please indicate which class of license you have:

Class 1 Cultivator Class 4 Distributor Conditional
 Class 2 Manufacturer Class 5 Retailer Date of Conditional: _____
 Class 3 Wholesaler Class 6 Delivery

b) Fill out the following table:

Applicant ID	Applicant Business Name	Business Category

c) Will cannabis be cultivated or processed on the same property as your proposed hemp project?

Yes No



- 9) Explain your **material acquisition plan**. Explain your plans to source hemp materials for your processing or handling operations. If known, list the names of the farmers growing the hemp. Please note that you are required to provide your intended growers a Letter of Intent on your letterhead as a part of their *Grower License Application*; failure to provide this letter to your intended growers will negatively affect both your application and theirs.

- 10) If processing grain or floral material, do you intend to produce food grade products?

Yes No If "Yes", attach the appropriate food safety certificate/permits.

NOTE 1: If your final products are any type of consumable, food, tincture, cosmetic, soap, lotion, etc., are intended for human consumption, or intended for medical research, etc., you ARE required to show proof of health inspection to certify that your facility is sanitary and approved for production. Provide all license, permit, and/or certification information below:

NOTE 2: Prior to inspection, processor facility must be built.

- 11) Please describe what infrastructure and equipment you will use to process or handle hemp.

- a. Describe your existing infrastructure (buildings and equipment).
- b. Explain your plans to develop any additional infrastructure (buildings and equipment) necessary to handle hemp. List specific equipment to be used.



12) Provide a timeline for critical steps supporting your 2024 hemp processing activity. Explain when you will acquire equipment; when equipment will be in place, when you will receive materials; and when you expect to generate and sell product.

[Empty response box for question 12]

13) Describe your intended marketing plan. How are you going to market it, and to whom?

[Empty response box for question 13]

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

Processor/Handler License Holders are annually assessed a License Fee per component. Refer to the Fee Schedule for specific pricing.

All locations where hemp will be processed, handled, or stored must be approved and included in your Processor/Handler Licensing Agreement with NJDA prior to the processing, handling, or storage of any hemp at that location.

You are required to provide precise GPS coordinates in DEGREES DECIMAL MINUTES for each processing, handling, and storage building at each address.

Example: lat: 38° 9.919'N, long: 84° 49.267'W

Any additions or changes to the GPS coordinates listed for processing or handling locations after signing a Processor/Handler Licensing Agreement will require the hemp producer to pay a \$300 Site Modification Fee (SMF) 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.

You are required to provide a map of each address with the application. (For complete instructions, see page x-xi, Instructions for Creating Maps for Submission with the Application, in the application packet.)

The following Land Use Restrictions apply to all approved Processor/Handler Licensing Agreements. 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 process, handle or store hemp on any property which is not owned or leased and completely controlled by the applicant.
- I will not process, handle, or store hemp on property owned by or leased from any person who was terminated or denied admission to the program.



15) Provide a list of all locations you wish to register by completing the tables below in parts a) Processing/Handling Locations, and b) Storage Locations. Attach additional page(s) as necessary.

a) Processing/Handling Locations

- i. Enter information for requested processing/handling locations in the tables below:
- 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).

Processing/Handling Location 1						
Address 1	Processing/Handling Address	City	State	Zip	County	Own or Rent
				NJ		
Site ID	GPS: Latitude	GPS: Longitude	Type of Structure	Purpose		
Structure 1						
Structure 2						
Structure 3						
Structure 4						
Structure 5						
Processing/Handling Location 2						
Address 2	Processing/Handling Address	City	State	Zip	County	Own or Rent
			NJ			
Site ID	GPS: Latitude	GPS: Longitude	Type of Structure	Purpose		
Structure 1						
Structure 2						
Structure 3						
Structure 4						
Structure 5						
Processing/Handling Location 3						
Address 3	Processing/Handling Address	City	State	Zip	County	Own or Rent
			NJ			
Site ID	GPS: Latitude	GPS: Longitude	Type of Structure	Purpose		
Structure 1						
Structure 2						
Structure 3						



b) Storage Locations.

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

NOTE 1: Storage addresses must be listed in the below table even if listed in tables for part (a) 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 applicant instruction materials)

Storage 1						
Address 1	Storage Address	City	State	Zip	County	Own or Rent
			NJ			
	Site ID	GPS: Latitude	GPS: Longitude	Type of Structure	Purpose	
Structure 1						
Structure 2						
Structure 3						
Structure 4						
Structure 5						
Storage 2						
Address 2	Storage Address	City	State	Zip	County	Own or Rent
			NJ			
	Site ID	GPS: Latitude	GPS: Longitude	Type of Structure	Purpose	
Structure 1						
Structure 2						
Structure 3						
Structure 4						
Structure 5						



16+ **Ki'ep{ 'qhl{ qwt 'iqecvkpu'et g'igcugf . 'r igcug'lpf kecvg'y j gvj gt '{ qw'j cxg'e'wvj qt k' c'vkqp 'lt qo 'vj g qy pgt 'emqy lpi 'j go r 'vq'dg'processed or handled'hp'vj g'r t qr gt v{ 0'Lease Agreement with Notarized Letter of Support from Landlord Required.**

Yes No Not Applicable

Ki[gu'eqo r'ngv'vj g'vcdig'dngqy 'hqt 'igcugf 'iqecvkpu<'

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

37+ **J cxg'j{ qw'bxgt 'dggp'eqpxlevgf 'qhl'e'hgmp{ 't gnc'vpi 'vq'c'eqpvt qngf 'twdw'peg'w'pf gt 'y' k'j'lp'vj g'ix'w'v'gp '*32+ { gct uA**

Yes No

Ki'd[gu'o. 'r t qxl' g'f c'vgu'c'pf 'f gvc'ku'c'dq'w'vj g'eqpxlevkqp'u'vj cv'j cxg'q'cewt t gf 0

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.

F c'vgu'c'pf 'F gvc'ku'qhl'E qpxlevkqp<'

Cempqy r'gf i o g'pw

T gcf 'gcej 'qhl'vj g'tempqy r'gf i o g'pv'tw'vgo g'pw'dngqy 'c'pf 'e'j g'emi'd[gu'o'ht 'd'P q'o'vq'lpf kecvg'j{ qwt 'w'pf gt w'c'pf lpi '' c'pf 'c'cegr w'peg'qhl'gcej 't'w'vgo g'pw'0'

38+ **K'tempqy r'gf i g'vj cv'b { 'c'rr'nc'v'kqp. 'vj g'8'2'p'qpt g'hw'pf cdig'c'rr'nc'v'kqp'igg. 'c'pf 'c'm'c'w'cej o g'pw'b w'w'dg t'geg'k'x'gf 'd'j{ 'vj g'P'LF C'0'Go c'k'it'w'do k'uk'qp'u'y k'ni'p'q'v'dg'c'cegr v'gf 'd'g'ec'w'ag'r'c'j{ o g'pw'ht'vj g'c'rr'nc'v'kqp'igg'b w'w' dg'c'w'cej g'f 'vq'vj g'c'rr'nc'v'kqp'0'P'LF C'ku'p'q'v't'g'ur q'p'uk'dig'ht' 'b' k'ul'pi 'l'p'ht'o c'v'kqp'f' w'g'vq'ht'o c'w'k'pi 'ht' 'r't'lp'v'k'pi g't'q't'q'v'v'vj g'w'ag't'g'p'f'0'P'LF C'ku'p'q'v't'g'ur q'p'uk'dig'ht' 'c'rr'nc'v'kqp'u'f'w'v'lp'vj g'b c'k'it'p'q'v't'geg'k'x'gf 0**

Yes No

39+ **K'tempqy r'gf i g'vj cv'P'LF C'ku'p'q'v'q'd'ri c'v'gf 'vq'c'uni'q'ngqy /w'r 's' w'g'w'k'qp'u'f' w't'k'pi 'vj g'c'rr'nc'v'kqp't'g'x'k'gy '' r't'q'egu'0'V'j g'y' t'k'v'gp't'g'ur q'p'ugu'q'p'vj k'c'rr'nc'v'kqp'c'pf 'c'w'cej o g'pw'ht'q'w'f 'd'g'vj g'w'q'g'w'v'eg'qhl'p'ht'o c'v'kqp'' w'pf gt' e'q'p'ul'g't'c'v'kqp'ht' 'r'q'v'p'v'c'ri'c't'v'k'c'v'kqp'lp'vj g'P'gy 'L'g't'ug'j{ 'J' go r 'R't'q'i' t'c'o 0**

Yes No

20+ **K'tempqy r'gf i g'vj cv'vj k'k'k'c' 't'g'g'v'k'x'g'r't'q'egu'c'pf 'p'q'v'bxgt { 'c'rr'nc'v'kqp'b c'j{ 'd'g'c'rr't'q'x'g'f 'ht' 'r'c't'v'k'c'v'kqp'0**

Yes No

21+ **K'tempqy r'gf i g'vj cv'vj g'f'g'f' n'p'g'vq'w'do k'c'p'c'rr'nc'v'kqp'P'LF C'lp'vj g'g'x'gp'v'qhl'e'f'g'p'k'c'ni'k'4'2'f'c'j{ u' 'h'ngqy lpi t'g'eg'r'v'qhl'p'q'v'k'c'v'kqp'qhl'e'c'rr'nc'v'kqp'f'g'p'k'c'ni'0**

Yes No



22+I acknowledge that the following fees will apply, in addition to the \$50 nonrefundable application fee, if my application is approved:

- Participation Fee for *each component* being processed =
 - **Handlers** - \$450 annual fee
 - **Fiber Processor** - \$450 annual fee
 - **Grain Processor** - \$450 annual fee
 - **Floral, Oil or CBD Processor Extraction** - \$1,000 annual fee
 - **Floral Processor** - \$1,000 annual fee, **Hemp Seed Oil Processor** - \$1,000 annual fee
- **Product THC Test Fee** = \$150 per instance, due within 30-days of invoice by NJDA if a product is selected for THC testing.
- **Site Modification Fee** = \$300 for each new processing site, due with submission of any *Site Modification Request*. A new processing site is any GPS location not listed in the *Processor/ Handler Licensing Agreement* (i.e., any change to or addition of GPS coordinates at an address on the *Licensing Agreement*, or for the addition of a GPS coordinate not already on the *Licensing Agreement*). The Site Modification Fee does not apply to storage-only sites, but notification and approval is still required.

Yes No

23) 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

24) I affirm that I will abide by all other requirements of the New Jersey Department of Agriculture Hemp Program, including timely submission of reporting forms and required attachments.

Yes No

25) I acknowledge that, upon request from NJDA Staff, New Jersey State Police, or other state or law enforcement officers, hemp producers must immediately produce a copy of their Processor/Handler Licensing Agreement and Processor/Handler License for inspection.

Yes No

26) I agree that NJDA Staff, New Jersey State Police, and other federal, state and local law enforcement agencies and drug suppression units may enter any premises where hemp or other cannabis plants or materials are 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

27) I acknowledge that all physical addresses and GPS coordinates of each building to be used to handle, store, or process hemp must be submitted with this application. This application constitutes written consent by the applicant to allow NJDA personnel access to any hemp production location as deemed necessary by NJDA for evaluation and verification of compliance.

Yes No



- 28) I acknowledge that my name and all processing and storage locations will be conveyed to the New Jersey State Police (NJSP), the USDA and other law enforcement agencies. In addition, my name and county will be released to the public.

Yes No

- 29) I acknowledge that I or an authorized representative of the operation who is knowledgeable about the hemp processing/handling operation shall be available on location by appointment for on-site visits by NJDA for the purpose of inspection or sampling.

Yes No

- 30) I affirm that, if I am granted a Processor/Handler License, I shall not allow other persons to process under my license in lieu of their own application to the New Jersey Hemp Program.

Yes No

- 31) I accept the inherent risk associated with participation in the program focused on a new crop. 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 Hemp Program.

Yes No

- 32) I acknowledge that all hemp materials and products must have a Total THC concentration of no more than 0.3% on a dry weight basis. It is the hemp producer's responsibility to test products, ensure compliance, and keep THC testing results for three (3) years.

Yes No

- 33) I acknowledge that my hemp producer license must be renewed annually, and that license renewal is not guaranteed.

Yes No

- 34) I recognize that it is illegal to possess hemp without the approval of the NJDA or another USDA-approved hemp program. If my license is terminated or expires, I will not be allowed to possess hemp in any form and will be required to divest possession of all hemp materials to an approved program participant, or destroy all in-program hemp materials prior to the expiration or termination of my license.

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 NJDA.

REQUIRED: Copy of Driver's License for the applicant & key participants.

REQUIRED: Copy of Background Check from NJSP for the applicant.

****NJDA must receive & approve background checks for the applicant and all key participants prior to issuing your license. You may not begin processing or handling hemp until you receive your license.**

Indicate date requested: _____

REQUIRED: Processing, handling, and storage location maps (including name, site address, location IDs, and GPS coordinates).

REQUIRED: Processor/Handler Fee (Total fee for each product to be processed)

REQUIRED: (if applicable): Initial Application For License to Operate a Wholesale Food-Cosmetic Establishment" (N.J.S.A. 24:15-14)

REQUIRED (ONLY for Business Entities): Signing Authority for Business Entities.

Other Attachment (describe): _____

Other Attachment (describe): _____

Other Attachment (describe): _____



NEW JERSEY
DEPARTMENT OF AGRICULTURE
HEMP PROGRAM
Division of Plant Industry

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 _____

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

Send 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



Joseph Atchinson III
Assistant Secretary



NEW JERSEY
DEPARTMENT OF AGRICULTURE
Division of Plant Industry

Division of Plant Industry

Hemp Program

P.O. Box 330

Trenton, NJ 08625

Phone: (609)406-6939

Fax: (609) 5406-6960

**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.

Name of Business Entity	
Complete Business Street Address	
EIN Number	
Date of Last Annual Report	

	Printed Name	Title
Signing Authority*		

*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

Signature

Printer Name and Title