

**NEBRASKA HEMP FARMING ACT**  
**2021 Cultivator License Application**  
**READ GUIDANCE PRIOR TO FILLING OUT**  
**APPLICATION**

Are you renewing a current license? If so, please provide current license number: \_\_\_\_\_

FULL NAME of applicant/designee:

\_\_\_\_\_

BUSINESS NAME (if applying as a business):

\_\_\_\_\_

BIRTHDATE of applicant/designee (must be 18 years of age to apply): \_\_\_\_/\_\_\_\_/\_\_\_\_

MAILING ADDRESS of applicant (address, city, state, and zip code):

\_\_\_\_\_

CONTACT INFORMATION of applicant/designee:

Phone (mobile or landline): \_\_\_\_\_

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

**FBI IDENTITY HISTORY SUMMARY CHECK:**

- See application guidance for instructions
- No felony drug convictions in the last 10 years allowed
- Identity History Summary Checks must be completed within 60 days of application submission and submitted with the application for the applicant/designee and all key participants

**ANNUAL FEES:**

Application fee and site registration fee(s) are due with application. Submit the application with a check for the full amount (application fee plus site registration fee(s)) or fill out page 6 with credit card information. See application guidance for delinquent fee information.

Application Fee:	\$150 per applicant (nonrefundable, must be submitted with application)
Cultivator Fee:	\$600 per site (must be submitted with application)
Site Modification Fee:	\$75 per modification (if required after receipt of license)

**CERTIFICATIONS:** *Applicant must read, understand and agree to the following by checking each box.*

- Applicant has not been convicted of a drug-related felony within the last 10 years
- Applicant has legal control over the site(s)
- Applicant agrees to comply with all applicable requirements of the Nebraska Hemp Farming Act, including but not limited to:
  - Providing the Nebraska Department of Agriculture (NDA) and law enforcement unlimited access to the site(s) for inspections which includes having an authorized person available on-site during NDA inspections
  - Destroying hemp that is noncompliant onsite
  - Paying for all sampling and testing of the hemp, including reimbursements to NDA
- Applicant understands their own risk and that NDA will not provide compensation for financial loss
- Applicant understands NDA's issuance of a license is NOT an authorization to violate any state or federal law

**SITE(S) INFORMATION** - Must be in NEBRASKA; each site defined by single legal description;

**Label site numbers sequentially. This page may be duplicated for additional sites. You should retain a copy of this page and all maps for your records.**

**Site #**\_\_\_\_: Type of hemp (check all that apply):  Flower/Cannabinoids  Fiber/Grain  Seed

Number of acres (outdoor) or square feet (indoor) for cultivation: \_\_\_\_\_

Address of Site(s): \_\_\_\_\_  
\_\_\_\_\_

**(If there is no address assigned, indicate nearest intersection)**

Legal Description (Section, Township and Range):

\_\_\_\_\_  
\_\_\_\_\_

GPS Coordinate(s): Location ID: \_\_\_\_\_ N \_\_\_\_\_ W \_\_\_\_\_  
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Address of Site(s): \_\_\_\_\_  
\_\_\_\_\_

**(If there is no address assigned, indicate nearest intersection)**

Legal Description (Section, Township and Range):

\_\_\_\_\_  
\_\_\_\_\_

GPS Coordinate(s): Location ID: \_\_\_\_\_ N \_\_\_\_\_ W \_\_\_\_\_  
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Location ID: \_\_\_\_\_ N \_\_\_\_\_ W \_\_\_\_\_

**MAPPING OF SITES:** *Map(s) must be attached.*

A **color** map is required for each site listed on this application with the following details printed on map:

- Site number in top right corner
- Entrances
- Field Boundaries
- Location ID for each planting, drying, or storage area within site (see application guidance for details)

**ATTESTATION:**

***If applying as a business entity:***

- Applicant uses a federal immigration verification system authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a to determine the work eligibility status of new employees physically performing services within the State of Nebraska;

***If applying as an individual:***

- I am a Citizen of the United States; OR
- I am a qualified alien under the Federal Immigration and Nationality Act, my immigration status and alien number are as follows: \_\_\_\_\_, and I agree to provide a copy of my USCIS documentation upon request.

*I am at least 18 years of age. I hereby attest that my response and the information provided on this form, and any related application for public benefits are true, complete, and accurate; and I understand that this information may be used to verify my lawful presence in the United States.*

**SIGNATURE OF APPLICANT:**

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

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

**PLEASE REVIEW APPLICATION GUIDANCE DOCUMENT BEFORE SUBMISSION**

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS EMPLOYER IDENTIFICATION NUMBER (EIN):** \_\_\_\_\_

**PRINCIPAL BUSINESS ADDRESS:** \_\_\_\_\_

All key participants must be listed on this form. The FBI Identity History Summary Check must be attached to the application for each individual listed below.

1) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

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

2) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

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

3) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

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

4) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

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

5) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

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

6) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

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

7) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

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

8) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

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

9) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

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

10) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

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

## Credit Card Payment Form

By filling out this form, you consent to your card being charged the \$150 application fee in addition to \$600 FOR EACH SITE listed on this application (for one site you will be charged \$750 total, for two sites you will be charged \$1350 total, for three sites you will be charged \$1950 total, etc.). You will receive an e-mail regarding the status of your application after it is received and reviewed.

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Visa/Mastercard/Discover Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Three-Digit Verification Code (on back of card): \_\_\_\_\_