



NEBRASKA DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH PROTECTION
301 CENTENNIAL MALL SOUTH
P.O. BOX 94756
LINCOLN, NE 68509-4756

www.nda.nebraska.gov/hemp
402-471-2351

**NEBRASKA HEMP FARMING ACT
2022 Broker License 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:

Phone (mobile or landline): _____

Email (will be posted on NDA website): _____

Email (for NDA communication if different from above): _____

FBI IDENTITY HISTORY SUMMARY CHECK:

- See Processor-Handler 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 each owner in excess of 10%.

ANNUAL FEES required:

Application fee due with application. Submit the application with a check for \$150 or fill out page 5 with credit card information. See application guidance for delinquent fee information.

Application Fee: \$150 per applicant (nonrefundable, must be submitted with application)

Delinquent fees for renewals will be assessed at 25% of the application fee per month on or after:

- February 1; delinquent fee is \$37.50
- March 1; delinquent fee is \$75
- April 1; delinquent fee is \$112.50
- May 1; delinquent fee is \$150

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 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
- Applicant understands a broker license does not allow them to cultivate, process, or handle hemp.

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

BUSINESS NAME: _____

BUSINESS EMPLOYER IDENTIFICATION NUMBER (EIN): _____

PRINCIPAL BUSINESS ADDRESS: _____

List of all officers, directors, partners, members, or owners owning in excess of 10% of equity or stock 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: _____

BIRTHDATE: _____ / _____ / _____

CONTACT INFORMATION:

Phone (mobile or landline): _____

Email: _____

3) FULL NAME: _____

BIRTHDATE: _____ / _____ / _____

CONTACT INFORMATION:

Phone (mobile or landline): _____

Email: _____

4) FULL NAME: _____

BIRTHDATE: _____ / _____ / _____

CONTACT INFORMATION:

Phone (mobile or landline): _____

Email: _____

5) FULL NAME: _____

BIRTHDATE: _____ / _____ / _____

CONTACT INFORMATION:

Phone (mobile or landline): _____

Email: _____

6) **FULL NAME:** _____

BIRTHDATE: _____ / _____ / _____

CONTACT INFORMATION:

Phone (mobile or landline): _____

Email: _____

7) **FULL NAME:** _____

BIRTHDATE: _____ / _____ / _____

CONTACT INFORMATION:

Phone (mobile or landline): _____

Email: _____

8) **FULL NAME:** _____

BIRTHDATE: _____ / _____ / _____

CONTACT INFORMATION:

Phone (mobile or landline): _____

Email: _____

9) **FULL NAME:** _____

BIRTHDATE: _____ / _____ / _____

CONTACT INFORMATION:

Phone (mobile or landline): _____

Email: _____

10) **FULL NAME:** _____

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. 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): _____