

NEBRASKA HEMP FARMING ACT
2022 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 (only 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 (will be posted on NDA website): _____

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

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)

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
 - Disposing of 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

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)

SITE(S) INFORMATION - Must be in NEBRASKA; each site is 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 (select most appropriate): 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 _____
Location ID: _____ N _____ W _____
Location ID: _____ N _____ W _____
Location ID: _____ N _____ W _____
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Location ID: _____ N _____ W _____
Location ID: _____ N _____ W _____
Location ID: _____ N _____ W _____
Location ID: _____ N _____ W _____

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): _____