



Grower Registration Application Instructions

Please follow the steps below to complete your Hemp Grower Registration New Application

STEP 1: Business/Individual Information – Please complete this section in its entirety to reflect the information already provided.

The Following Fields for the Business/Individual Information Section must be entered:

- Business Name
- Business Location (Address, City, State, Zip)
- Mailing Address
- Phone Number
- Email Address
- Ownership Type
- Federal Identification – Not required for Individual Ownership Types

STEP 2: Key Participant Information – Please list all members of the business (i.e. Applicant, Partners, Individuals with executive managerial control).

- **Required contact information**
 - Title (President, Member Manager)
 - Name (required)
 - Date of Birth (required)
 - Email Address (Please provide a valid email since this is the primary form of communication with the department)

STEP 3: Required Attachments – The following attachments must be attached with the application

- **Maps** - Satellite view/map of growing location(s) depicting each field, greenhouse, building or other location where industrial hemp will be grown that indicate entrances, field boundaries and specific locations corresponding to the GPS coordinates provided
- **Legal Description of Each Growing Location** - Copy of the legal property description for each growing location street address/Parcel ID
- **Background Check** – An FBI Background check must be completed for each key participant – visit: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

STEP 4: Growing Locations – Please complete this section as indicated below – Please fill out all the information for each of the growing locations than is allotted on the application please make a copy of the page and fill out the information for those locations.

- **Location Name** – Each Location must have a unique name
- **Location Address** - (Street or Parcel ID, City, State, Zip, County)
- **GPS Coordinates** - for each growing location/strain - Example: 42.731789 / -84.558834
- **Indoor Square Feet** - If this is an indoor growing location please indicate the total square feet of this growing location. If this is not an indoor growing location, please leave blank.
- **Outdoor Acreage** - If this is an Outdoor growing location please indicate the total acreage of this growing location. If this is not an Outdoor growing location, please leave blank.
- **What will you do at the is property?** – Please check all the apply.
- **Do you own or lease this property?** – Please indicate your ownership/lease agreement.

STEP 5: Industry Information:

- Are planning to sell your harvested product to a processor operating with MMFLA License (Michigan Marijuana Facility Licensing Act)?

STEP 6: ACKNOWLEDGMENTS:

- Read all the acknowledgements listed on the application.
- Check the boxes and sign and date below.

STEP 7: DISCLOSURE OF CONTACT INFORMATION

- Please indicate if you wish to give MDARD consent to disclose your licensing information.

STEP 8: HEMP GROWER RENEWAL FEE:

- Make \$1250.00 check or money order payable to the State of Michigan.

STEP 8: AFFIRMATION OF APPLICATION:

- Print Name, Sign, and Date the Application.

MAIL COMPLETE APPLICATION, ATTACHMENTS, AND APPLICATION FEES TO:

Michigan Department of Agriculture & Rural Development

P.O. Box 30776

Lansing, MI 48909-8276

Michigan Department of Agriculture and Rural Development



P.O BOX 30776
 LANSING MI 48909-8276
 Phone: 517-284-5771 Email: mdard-clu@mdard.michigan.gov
HEMP GROWER REGISTRATION NEW APPLICATION
Public Act 220 of 2020

Grower Registration Number (office use only):
New Application

Office Use Only (**1601**)

STEP 1: BUSINESS/INDIVIDUAL INFORMATION

Business/Individual Name:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

Ownership Type Corporation LLC LLP Sole Proprietor Individual Joint Tenant

Federal Identification # (Not required for Individual Ownership Types):

Mailing Address (If different from Business Address)

Mailing Address:

City:

State:

Zip:

STEP 2: KEY PARTICIPANTS - Please include contact information for all partners, and/or individuals with executive managerial control such as chief executive officer, chief operating officer, or chief financial officer.

Applicant Name:

Title: **APPLICANT**

Applicant Date of Birth:

Applicant Email:

Contact Name:

Title:

Date of Birth:

Email:

Contact Name:

Title:

Date of Birth:

Email:

Contact Name:

Title:

Date of Birth:

Email:

STEP 3: REQUIRED ATTACHMENTS

- Maps – Satellite view with marked growing locations Legal Description of Each Growing Location
- Background Check - Criminal history report means a report prepared by the **US FBI** that includes fingerprint-based criminal history record information (see instructions on how to obtain the US FBI criminal report)

Michigan Department of Agriculture and Rural Development

STEP 4: GROWING LOCATION – Please list all locations where hemp is being grown					
Location Name	Location Address	GPS Coordinates	Indoor Sq. Feet	Outdoor Acreage	Required Attachments: <input type="checkbox"/> Legal Description of Each Growing Location <input type="checkbox"/> Maps - Satellite view with marked growing locations
What will you do at this property? <input type="checkbox"/> Grow/Harvest Hemp <input type="checkbox"/> Start Viable Seed/Seedlings <input type="checkbox"/> Dry/Store Hemp			Do you own or lease this property? <input type="checkbox"/> Own <input type="checkbox"/> Lease If leasing this property are you in complete control of all hemp cultivation activities at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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STEP 4: GROWING LOCATION – Please list all locations where hemp is being grown

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STEP 5: INDUSTRY INFORMATION

Do you intend to sell to a License Michigan Marijuana processor? Yes No

STEP 6: ACKNOWLEDGMENTS

- 1 - I acknowledge that all physical addresses of the location(s) to be used to grow hemp must be submitted with this application. This application constitutes written consent by the applicant to allow MDARD personnel access to any growing locations as deemed necessary by MDARD for inspection, sampling and testing. Any changes to physical addresses used in the growing, drying, or storing of hemp shall be approved in writing by MDARD prior to that location being legally permitted for use. A site modification form and fee of \$50.00 must be submitted for each alteration to a site listed on a grower registration after the registration has been issued.
- 2 - I acknowledge that all growing locations submitted with this application are owned or in complete control of the business/individual listed on the application.
- 3 - I acknowledge that a processor handler license is also required if I am converting raw hemp into a marketable form including smokable hemp flower.

Applicant Name (Print):	Applicant Signature:	Date:
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STEP 7: DISCLOSURE OF CONTACT INFORMATION

Public Act 220 prohibits MDARD from disclosing information received by growers on or as part of their registration application unless express written permission is provided. **Please check ONE of the boxes below:**

- I give MDARD express written consent to disclose my name, email address and telephone number to a grower or other person authorized by the department who submits a written request pursuant to the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.
- I DO NOT wish to have my name, email address or telephone number disclosed.

STEP 8: HEMP GROWER RENEWAL FEE - *Make check/money orders payable to the State of Michigan*

Nonrefundable Grower Renewal Registration Fee: \$1250.00	ASC Hot Key (<i>mdard use only</i>): 1601
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GROWER REGISTRATION AGREEMENT: The purpose of this licensing agreement is to acknowledge the responsibilities of a grower holding a grower registration as authorized by the Industrial Hemp Growers Act, P.A. 220 of 2020.

Applicant Name (Print):	Applicant Signature:	Date:
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