



P.O BOX 30776  
 LANSING MI 48909-8276  
 Phone: 517-284-5771 Email: mdard-clu@mdard.michigan.gov  
**HEMP GROWER REGISTRATION APPLICATION**  
 Public Act 641 of 2018

New Application       No Longer Needed

(1601) Office Use Only

**STEP 1: BUSINESS INFORMATION**

Business Name:

Business Address:

City:	State:	Zip:
-------	--------	------

Phone Number:	Email Address:
---------------	----------------

Ownership Type:     Corporation     LLC     LLP     Sole Proprietor     Individual

<input type="checkbox"/> Joint Tenant <input type="checkbox"/> Other	Federal Identification #:
--	---------------------------

**Mailing Address (If different from Business Address)**

Address:

City:	State:	Zip:
-------	--------	------

**STEP 2: CONTACT INFORMATION - List all contact(s) owning in excess of 10% stock or equity**

Contact Name:	Title:
---------------	--------

Date of Birth:	Email Address:
----------------	----------------

Contact Name:	Title:
---------------	--------

Date of Birth:	Email Address:
----------------	----------------

**STEP 3: GROWING LOCATION(S)**

Location Address (City, State, Zip, County)	GPS Coordinates	Indoor	Outdoor	Acreage/ Proposed
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

<b>STEP 4: ACKNOWLEDGMENTS</b>		
<input type="checkbox"/> 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 or processing of hemp shall be approved in writing by MDARD prior to that location being legally permitted for use. A site modification fee of \$50.00 must be submitted for each alteration to a site listed in a grower registration after the registration has been issued.		
<input type="checkbox"/> I acknowledge that any finished products produced as part of this project which are to be marketed and sold will comply with all applicable laws, regulations and requirements of any governmental agency or other regulating authority.		
<input type="checkbox"/> I acknowledge that all growing locations submitted with this application are owned or in complete control of the business listed on the application		
Applicant Name (Print):	Applicant Signature:	Date:
<b>STEP 5: INDUSTRY INFORMATION</b>		
Do you intend on selling to a MMFLA License processor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>STEP 6: ATTACHMENTS</b>		
<input type="checkbox"/> Additional Contacts	<input type="checkbox"/> Additional Locations	<input type="checkbox"/> Maps
<b>STEP 7: HEMP GROWER REGISTRATION - Make check/money orders payable to the State of Michigan</b>		
Nonrefundable Grower Registration Fee: <b>\$100.00</b>	<b>ASC Hot Key (mdard use only): 1601</b>	

*I hereby verify and affirm that all information contained in this application is true and accurate.*

Applicant Name (Print):	Applicant Signature:	Date:
-------------------------	----------------------	-------