

Michigan Department of Agriculture and Rural Development



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2020 HEMP AG-PILOT PROGRAM APPLICATION
 In Accordance with the 2014 Farm Bill

New Application

Office Use Only

STEP 1: BUSINESS INFORMATION		
Business Name:		
Business Address:		
City:	State:	Zip:
Phone Number:	Email Address:	
Ownership Type: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> 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: REGISTRATION/LICENSE INFORMATION		
Registration Type: <input type="checkbox"/> Hemp Grower	Registration Number: _____	
License Type: <input type="checkbox"/> Process-Handler	License Number: _____	
STEP 4: DISCLOSURE OF CRIMINAL CONVICTIONS		
A criminal background check on the applicant is required for acceptance into the industrial hemp pilot program and must be submitted as an attachment to this application. Applicant must also submit a notarized attestation that all officer(s), director(s), partner(s), member(s) or owner(s) owning in excess of 10% of equity or stock are free from felony drug convictions pursuant to the 2018 Farm Bill. A person with a drug felony conviction within the past 10 years may not process, handle, broker or market industrial hemp.		

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STEP 5: APPLIED RESEARCH		
Have you grown or processed industrial hemp in another states pilot program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you affiliated with a College/University: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please provide the Name of the College/University: _____		
Topic of Research (check all the apply):	<input type="checkbox"/> Nutrients Inputs	<input type="checkbox"/> Variety Trails
<input type="checkbox"/> Insects, Diseases and Weeds	<input type="checkbox"/> General Agronomy	<input type="checkbox"/> Grain Markets
<input type="checkbox"/> Fiber Markets	<input type="checkbox"/> Food Products	<input type="checkbox"/> Soils
<input type="checkbox"/> Floral Markets	<input type="checkbox"/> Storage	<input type="checkbox"/> CBD
<input type="checkbox"/> Harvesting Techniques, Equipment and Timing	<input type="checkbox"/> Planting Techniques, Equipment and Timing	
Research Summary – Please provide a brief overview of the hemp research you are conducting.		
<i>Research Summary:</i>		
STEP 6: ACKNOWLEDGEMENTS		
<input type="checkbox"/> I acknowledge that any finished products as part of this project are to be marketed and sold will comply with all applicable laws, regulations and requirements of any governmental agency of other regulating authority.		
STEP 7: ATTACHMENTS		
<input type="checkbox"/> Additional Contacts	<input type="checkbox"/> Maps	<input type="checkbox"/> Background Check
<input type="checkbox"/> Notarized attestation that all individuals under the registration/license are free from felony drug convictions		

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

Applicant Name (Print):	Applicant Signature:	Date:
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