



Louisiana Department of Agriculture & Forestry
Mike Strain DVM, Commissioner
Seed Programs Division 5825 Florida Blvd, Suite 3004, Baton Rouge, LA 70806
Phone (225) 925-4733; Fax (225) 925-4124

LDAF INDUSTRIAL HEMP PROGRAM LICENSE APPLICATION

The Louisiana Industrial Hemp Law (R.S. 3:1461 et seq.) and pursuant regulations require that any person producing, or handling, as well as processing ‘non-consumable’ industrial hemp must first submit a license application and obtain a license prior to engaging in a regulated industrial hemp activity.

OFFICIAL OFFICE USE ONLY
Date Received:
Status Notification Date:
Date Fee Received:
License No:

Completing this application

- Visit the [LDAF Industrial Hemp Website](#) for [Instructions](#) on creating maps and submitting criminal background checks.
- Complete all applicable sections of this application.
- Submit the application with required maps and documentation to LDAF by one of the following methods:
 - mail paper copy to the **Louisiana Department of Agriculture & Forestry, Industrial Hemp Program, 5825 Florida Blvd., Suite 3004, Baton Rouge, LA 70806;**
 - hand-deliver paper copy to the LDAF Main Office or one of the LDAF district offices, or
 - email to LDAF at industrialhemp@ldaf.state.la.us.
- Be sure to keep a copy of the completed application and all supporting documents for your records.
- Applications will not be reviewed until all required information has been received by LDAF.
- Background checks must be completed following the instructions provided on the LDAF website. Your background check reports will be sent directly to LDAF and are not required with this application. If you have criminal history information believed to have been expunged or otherwise dismissed, you must complete a [Right to Review Disclosure Form](#) when applying for background check

SECTION I – APPLICANT INFORMATION

1) Applicant Name and Contact Information	
a. Applicant Name: <i>(Applicant Name must be the name of a person. Enter name as it appears on the background check report. Do NOT enter a business name.)</i>	
b. Mailing Address:	
c. Physical Address:	
d. Email: <i>Email is the primary method of communication for this program.</i>	e. Telephone Number:

2) Applicant’s Business Information (if applicable) NOTE: To register a business, the business must meet the following requirements: 1) be an established legal entity, and 2) declare a Designated Responsible Party.	
a. Business Name:	
b. Is this business registered with the Louisiana Secretary of State: ___ Yes ___ No	
c. Registered Agent <i>(if yes to question 2b)</i> :	
d. Business type <i>(example: LLC, C-Corp., Partnership, etc.)</i> :	
e. Employer Identification Number (EIN):	
f. Business Mailing Address:	
g. Business Physical Address:	

Applicant Name: _____

- 3) Type of industrial hemp license(s) being applied: *(You may choose multiple license types.)*
 Grower Seed Producer Handler Processor *(for non-consumable use only. LDAF does not license processors of consumable industrial hemp.)*
- 4) Indicate whether you have either or both of the following convictions:
 A felony conviction within ten years immediately preceding the date of the application.
 A drug-related misdemeanor conviction within two years immediately preceding the date of the application.
- 5) Indicate your intended license activities (check all that apply):
- | | |
|---|---|
| <input type="checkbox"/> Commercial production for oil or floral use
<input type="checkbox"/> Commercial production for fiber or other industrial uses
<input type="checkbox"/> Seed production
<input type="checkbox"/> Vegetative propagule production (clones or transplants)
<input type="checkbox"/> Processing for fiber or other industrial purposes | <input type="checkbox"/> Commercial transportation of hemp material
<input type="checkbox"/> Commercial harvesting, storing, or grinding
<input type="checkbox"/> Cleaning or packaging hemp seed
<input type="checkbox"/> Brokering hemp seed or material
<input type="checkbox"/> Testing hemp for cannabinoid profile
<input type="checkbox"/> Other: (describe) _____
_____ |
|---|---|

SECTION II – SITE INFORMATION

- 1) Provide a list of all sites by completing the corresponding tables below; a) Fields, b) Greenhouses and Indoor Growing Sites, and c) Handling and Storage Sites. Attach additional page(s) as necessary for multiple sites.
- 2) The Site ID is a unique identifier designated by the applicant and should be used to identify the specific site in all reports to LDAF.
- 3) The GPS Coordinates must reflect the center of the outdoor field, greenhouse/indoor growing structure, or handling/storage facility.

a) Outdoor Field Production Sites

- i. Do you intend to grow hemp in an outdoor field: Yes No *(If yes, enter the information for field growing site(s) in the table below. If No, skip to Item 2b Greenhouse and Indoor Growing Sites.)*
- ii. If you have chosen to apply for multiple license types, choose the license in which THIS site will be associated? Grower Seed Producer

Site ID:		Choose one: <input type="checkbox"/> Rent <input type="checkbox"/> Own		
Physical Address of Site	City	State	Zip	Parish
GPS Latitude (decimal degree format) EX: 29.83726000	GPS Longitude (decimal degree format) EX: -90.33941000	Acres		

iii. Total anticipated number of field grown acres: _____

b) Greenhouse and Indoor Growing Sites

- i. Do you intend to grow hemp in a greenhouse or indoor structure: Yes No
(If yes, enter the information for greenhouse or indoor site(s) in the table below. If No, skip to Item 2c.)
- ii. If you have chosen to apply for multiple license types, choose the license in which THIS site will be associated? Grower Seed Producer

Applicant Name: _____

NOTE: Approval of a greenhouse/indoor growing structure includes the area inside the greenhouse and equal square footage immediately adjacent outside the greenhouse. The outside square footage can only be used to temporarily place containerized hemp plants for a maximum of 24 hours for necessary agronomic reasons. Written approval from LDAF is required for storing plants more than 24 hours under these circumstances.

Site ID:		Choose one: <input type="checkbox"/> Rent <input type="checkbox"/> Own		
Physical Address of Site		City	State	Zip
GPS Latitude (decimal degree format) EX: 29.83726000	GPS Longitude (decimal degree format) EX: -90.33941000		Ft ²	

iii. Total anticipated square footage (ft²) area for greenhouse or indoor growing sites: _____

c) **Handling and Storage Sites** (For mobile processing units enter the license plate number in the Site ID field.)

i. Do you intend to store or handle hemp in areas other than your growing locations: Yes No (If yes, enter the information for handling or storage site(s) in the table below. If No, skip to Section III.)

Site ID:		Choose one: <input type="checkbox"/> Rent <input type="checkbox"/> Own		
Physical Address of Site		City	State	Zip
GPS Latitude (decimal degree format) EX: 29.83726000	GPS Longitude (decimal degree format) EX: -90.33941000		Ft ²	

ii. Total anticipated square footage (ft²) area for handling or storage sites: _____

SECTION III - ACKNOWLEDGMENTS

Read each of the acknowledgment statements below and check “Yes” or “No” to indicate your understanding and acceptance of each statement.

- 1) I understand industrial hemp is a highly regulated industry in Louisiana which requires licensee reporting and submission, and that I will be subject to inspections and sampling by LDAF. I further acknowledge that I have read, understand, and agree to abide by the Louisiana law and administrative regulations regarding industrial hemp in Louisiana.
 Yes No

- 2) I acknowledge this is a selective process and only those applications that meet the criteria set forth in the Industrial Hemp Law and regulations will be approved for licensing.
 Yes No

- 3) I give consent that the commissioner or his authorized agent(s) shall have access, during normal working hours, to any premises where industrial hemp plants or plant material are being produced, handled, or processed for the purpose of inspection, investigation, and/or collection of samples for testing. The commissioner or his authorized agent(s) may inspect any industrial hemp seed, plants, or plant parts located on my premises.
 Yes No

- 4) I accept the inherent risk associated with participation in a new crop program. I acknowledge that both personal and financial loss may be possible and agree that LDAF is not responsible for reimbursing or compensating any licensee for any loss resulting from involvement with the program.

Applicant Name: _____

Yes No

5) I acknowledge that I will renew my license annually to engage in regulated program activities. I further acknowledge that past participation does not guarantee or imply automatic approval for future participation.

Yes No

6) I acknowledge that if LDAF sample test results determine a THC level greater than 0.3 percent total THC, I may be required to destroy the crop from which the sample was collected at my own cost.

Yes No

7) I understand that I am required to certify my hemp crop acreage information with the Farm Service Agency (FSA), and to provide LDAF with FSA Form 578 at planting for each production lot.

Yes No

By checking this box, I acknowledge that I have completed both state and federal criminal background checks according to the instructions provided on the LDAF website. I further acknowledge that I have reviewed and understand the "[Privacy Act Statement](#)" concerning fingerprints and associated information.

SECTION IV - ATTACHMENTS

Check all attachments below that you are submitting with this application. In addition to those listed, attachments may include extended answers to any question in the application or other supporting documents. If the attachment is supplementary information to a question in this form, be sure to: 1) include the associated question number on the document; and 2) start each new question attachment on a new page.

Maps of all production, handling or storage locations.

Copy of government issued Proof of Identification for the Applicant, and if applicable, the Designated Responsible Party

Completed *Designated Responsible Party Declaration Form*, if applicable

Other Attachments (describe): _____

SECTION V – SIGNATURE

I hereby verify and affirm that the information contained in this industrial hemp license application is true and accurate. I understand that if LDAF later determines any of this information to be false or inaccurate, the license may be withheld or revoked.

Signature of Applicant

Printed Name of Applicant

Date