

Department of Agriculture, Trade and Consumer Protection

Instructions for the Wisconsin Hemp Pilot Program Grower Application and 2020 Annual Registration

There is inherent risk associated with participation in a research program focusing on a new crop and with participation in this Pilot Research Program. There is no guarantee that your crop will pass the regulatory THC test.

General Information

This is the application packet for the 2020 Wisconsin Hemp Grower Pilot Program. This initial application will cover a new, one-time Hemp Grower License and the 2020 Annual Registration of your Hemp Grower License. To grow Hemp in Wisconsin, you need **both** the one-time Grower License and the Annual Registration for each year in which you plan to grow Hemp. If you are renewing your annual registration for the 2020 License Year, the due date for your completed application form and applicable fee(s) is March 1, 2020. Late renewal applications and/or payment for 2020 annual registrations will incur a 20% Late Fee. Changes made to your license after March 1, 2020 will result in additional fees, as detailed below.

Invoiced Fees for Future Modifications to your Hemp Grower License / 2020 Annual Registration

In addition to your licensing and annual registration fees, there are several Hemp program fees that will be invoiced as appropriate. Any changes to your Hemp Grower License after March 1, 2020 will result in the following fees.

Fee Type	Fee Amount	Fee Purpose			
License Amendment	\$50	Any amendment to the application made after the license is issued, including field location changes. All license amendments received on the same date incur a license amendment fee of \$50. Additional license fees may be assessed if changes add growing acreage above the amount stated on the license application. This does not apply to Hemp Growers who later decide not to plant.			
Additional Acreage Fee	\$5/acre not to exceed \$850	For each additional acre a licensed grower wants to plant that was not included in the initial license application. A license amendment fee will not be charged if the additional acreage is requested and paid for during the annual registration period. The initial application fee is not refundable for acreage equal to or less than the area registered on your license.			
Sampling and Analytical Fee	\$250	For the actual cost of a sample and composite test. One (1) sample and test is required <u>per</u> field or plant variety grown. The sampling and analytical fee will be invoiced after the hemp crop has been sampled.			
Sampling and Analytical Retest Fee	\$250	For the actual cost of an optional sample and composite retest to be conducted if the original test result is between 0.3 percent and 1.0 percent THC. This charge only applies to the field(s) or plant varieties that are retested. The sampling and analytical retest fee will be invoiced after the hemp crop in question has been re-sampled.			
Change of operations manager	\$15	For the actual cost of a new background test if a licensed grower changes the operation manager named on the license.			
Annual Registration Late Fee	\$70	20% late fee for hemp grower annual registration renewal application form and/or payment received after March 1, 2020.			

Consider your current needs and your future plans when completing this application packet. You must complete the Hemp Grower Application Form. Hemp program staff will contact you with instructions for submitting your 2020 Hemp Pilot Program Research Agreement (Research Agreement) and Background Check Form after your completed Hemp Grower Application From is received. A Research Agreement is required for each existing licensee or new applicant who will be growing hemp in 2020. A Background Check Form is required for each new applicant and those existing licensees who are a business and who are also changing their Operations Manager for the 2020 License Year, which is from January 1 2020 – February 28 2021. Existing Hemp Grower licensees may apply for a renewal 2020 annual registration on November 1, 2019. Application forms for a renewal 2020 annual registration must be received by March 1, 2020 to avoid a 20% late fee. New Applicants may apply for a new Hemp Grower license beginning on November 1, 2019.

Instructions for submitting your Background Check Form and 2020 Research Agreement will be sent to the Existing Licensee / New Applicant upon receipt of the completed license application form. If you have questions or concerns regarding the Hemp licensure process or forms, please contact the license staff via email at DATCPIndustrialhemp@wisconsin.gov. The direct line for Hemp is (844) 449-4367. Please leave a voicemail for a return call as soon as time allows.

Detailed Instructions for Completing the Hemp Pilot Program Grower Application Form

Section 1 – Business and Contact Information

In the section marked Applicant Type, specify which of the two applicant types you are. In the field marked Legal Name of Applicant, provide the applicant's legal name or legally formed business name. Provide your principal Wisconsin business location address in the following fields: Business Headquarters County, Business Headquarters Address, City, State, and Zip. If you do business under any other name, provide that in the field marked Doing Business as Name or Trade Name. If you are applying as an individual, your Operations Manager must be the same person as the individual who is applying for this license. If you are applying as a legally formed business, provide the full name of the individual who is authorized to sign on behalf of your business entity in the field marked Operations Manager. Also provide the Operations Manager's phone number and their email address. If you are applying as a legally formed business entity, the individual named in the field marked Operations Manager must complete the Background Check Form. If you are applying as individual, the person applying for this license will later complete the Background Check form.

Section 2 – Summary Information

Please indicate if you are planning on growing Hemp in 2020. If you are planning on growing Hemp in 2020, make sure to pay for the license <u>and</u> the 2020 annual registration. In order to grow Hemp in Wisconsin in 2020, you need the one-time Hemp Grower License and the 2020 annual registration for the 2020 License Year. The 2020 License Year runs from Jan 1 2020 – February 28 2021.

Section 3 – Hemp Field / Greenhouse Location(s) If you have more than two locations, use additional sheets to include the location information as indicated on the application form.

This Section is required if you are growing hemp in 2020. In the Location Name field, provide the field or greenhouse name that you use for each hemp growing location. Provide the Address, City, State, ZIP, Town or Municipality, and County of your Hemp Growing Locations. The GPS coordinates (Latitude and Longitude, in decimal degrees) of the center of your growing location are required in the field marked Growing Location GPS Points. At the field marked Acreage provide the area, in acres, of your Hemp Field / Greenhouse Location. When calculating the area of a greenhouse, convert greenhouse area measured in Square Feet to Acres using 43,560 square feet = 1 Acre. In the field marked Exact Road Directions to Growing Location, provide the driving directions from a major intersection to your Hemp Growing site. Attach plat maps or other maps on a separate sheet. Specify if this property is a Field or a Greenhouse. Specify if you own or lease the property on which your field or greenhouse is located. If the location's property owner is different from the applicant for this license, specify their name in the field marked Name of the Property Owner. Include the property owner's email address and phone number in the fields marked Property Owner Phone and Property Owner Email.

Section 4 – Applied Research Information

Indicate if you are affiliated with a college or a university. If you are, please name the institution. Indicate if you have been a participant in another state's pilot hemp program. If so, please specify which states. Under Applied Research Description, check all the boxes which apply to the nature of your proposed research. If you are growing hemp in 2020, you are required to provide a brief, overall summary of the hemp research you are conducting, attach additional pages if needed. If you are growing hemp in 2020, hemp program staff will contact you with instructions for submitting your Research Agreement.

Section 5 - License Fee / Registration Fee and Calculation

If you intend to grow hemp in 2020, pay for the Hemp Grower Initial Application Fee in Table 1 <u>and</u> the Hemp Grower Annual Registration Fee in Table 2. Please note that the Initial Application Fee for Hemp Growers, as indicated in Table 1, is required of ALL applicants regardless of whether or not a license is issued. This Initial Application Fee for acreage of 0-30 is not refundable. In Table 1, determine which Initial Application Fee tier applies to you, and assess your fee accordingly. If your Total Acreage is 0 – 30 acres, your initial application fee will be \$150. If your Total Acreage is 31 – 199 acres, your initial application fee will be \$5 per acre. If you Total Acreage is 200 acres or more, your initial application fee will be \$1,000. If you plan on growing hemp in 2020, your annual registration fee is \$350.

Make your check payable to WDATCP

Any renewal 2020 annual registration payment or application form received after March 1, 2020 will incur a late fee of 20%. Return all necessary payment; the completed, signed and dated Application Form to:

WDATCP BOX 93598 MILWAUKEE WI 53293-0598

Instructions for submitting your Background Check form and 2020 Hemp Pilot Program Research Agreement will be sent to the applicant upon receipt of the completed application form.

ARM-PI-561.docx (rev 10/19)



WI Department of Agriculture, Trade and Consumer Protection Division of Agricultural Resource Management Bureau of Plant Industry

Box 93598, Milwaukee WI 53293-0598 Phone: (844) 449-4367 Fax: (608) 224-5775

☐ New License	
☐ Existing License	
Existing license Number:	-HG

Wisconsin Hemp Pilot Program Grower Application

(Wis. Stat. §94.55, Wis. Admin. Code ch. ATCP 22)
For initial license application and the 2020 annual registration period ending February 28 2021.

SECTION 1 - BUSINESS AND CONTACT IN		ar regress assert persea c	manig r obradily 202	02			
LEGAL NAME OF APPLICANT(S)		PHONE (Primary):		PHONE (Alternate):			
			() -		()	-	
APPLICANT TYPE - CHECK ONE							
☐ Individual / Sole Proprietor ☐	Legally Formed Busine	ess Entity - State of F	ormation (please spe	cify):			
DOING BUSINESS AS NAME OR TRADE NAME			APPLICANT E-MAI	L	FAX:		
				() -			
NAME OF OPERATIONS MANAGER (NOTE	Required)	OPERATIONS MANAGER E-MAIL		PHONE (Operations Manager):			
OPERATIONS MANAGER ADDRESS		CITY		STATE	ZIP		
BUSINESS HEADQUARTERS COUNTY			<u>l</u>			<u> </u>	
BUSINESS HEADQUARTERS ADDRESS			CITY		STATE	ZIP	
MAILING ADDRESS (if different than busines	ss headquarters addres	ss)	CITY		STATE	ZIP	
SECTION 2 – SUMMARY INFORMATION							
ARE YOU PLANNING TO GROW HEMP IN							
Yes (please complete information below a No (submit initial application fee only, no a	and submit an initial app annual registration fee	plication fee plus an a is required)	innual registration fee	e)			
SECTION 3 – HEMP FIELD / GREENHOUS (If you have more than two locations, plea	E LOCATION(S)	eets for the location	information and at	tached mans)			
FIRST FIELD / GREENHOUSE LOCATION	ase use additional site	cets for the location	information and at	lacifica maps.)			
LOCATION NAME	COUNTY			TOWN OR MUNICIPALITY			
STREET ADDRESS OR NEAREST ROAD II	F NO ADDRESS:		CITY		STA	TE ZIP	
FIELD OR GREENHOUSE CENTER GPS P	ngitude, in decimal de	egrees):	ACREAGE (corusing 43,560 sq	onvert greenhouse sq. ft. to acres sq. ft. = 1 acre)			
EXACT ROAD DIRECTIONS TO FIELD OR	GREENHOUSE (i.e., fi	rom a maior intersecti	ion)				
	,		,				
PLEASE SPECIFY TYPE OF PROPERTY:	FIELD □	/ GREENHO	USE 🗆				
PLEASE SPECIFY WHETHER YOU OWN [Y (please fill in owne	r information belo	w if lease	ed)	
NAME OF PROPERTY OWNER (if different	from Applicant):	PROPERTY OWNE	R PHONE:	PROPERTY OV	VNER EN	IAIL:	
SECOND FIELD / GREENHOUSE LOCATION	ON .						
LOCATION NAME	COUNTY			TOWN OR MUI	NICIPALIT	TY	
	0001111				11011 71211		
STREET ADDRESS OR NEAREST ROAD II	F NO ADDRESS:		CITY	1	STA	TE ZIP	
FIELD OR GREENHOUSE CENTER GPS P	OINT (Latitude and Lor	ngitude, in decimal de	egrees):			nhouse sq. ft. to acres	
	using 43,560 sq. ft. = 1 acre)						
EXACT ROAD DIRECTIONS TO FIELD OR	GREENHOUSE (i.e., fi	rom a major intersecti	on)				
PLEASE SPECIFY TYPE OF PROPERTY:	FIELD	/ GREENHO	USE				
PLEASE SPECIFY WHETHER YOU OWN OR LEASE THIS PROPERTY (please fill in owner information below if leased)							
NAME OF PROPERTY OWNER (if different		PROPERTY OWNE		PROPERTY OV			

SECTION 4 -APPLIED RESEA	ARCH						
Are you affiliated with a college or university?			Yes (please name the institution):				☐ No
Have you grown or processed	d hemp in another	ogram? Yes (please specify which state(s)):				□No	
APPLIED RESEARCH DESCR	RIPTION (check all t	that apply):					
Nutrient Inputs	an Trott (oncontain		gronomy (precipitation,	GDD etc.)	Storage		Soils
☐ Harvesting Techniques, Equ	inment and Timing	☐ Ornamenta	· · · ·	·	Animal Feed		☐ CBD
		_	_				П СВО
Planting Techniques, Equipr	ment and 1 iming	Grain Marl			Floral Marke		
☐ Variety Trials			r the replication of see	ds 📙	Markets for \	regetative i	planting stock
☐ Insects, Diseases, and Wee	ds	Other (plea	ase explain):				
☐ Crop Rotations			solely responsible for d d in commercial animal	letermining the legal stat	tus of the hem	າp use (e.g	. hemp is not
RESEARCH SUMMARY (please	se provide an over	· ·		,	ow. attach ad	ditional r	pages if needed):
2020 HEMP PILOT PROGRAM	A DESEADOU AGD	EEMENT					
				D" 4 D D			
Additional terms and condition the research agreement will be	pe sent to the applica	ant upon receipt			search Agree	ment. Ins	tructions for submitting
PROCESSING INFORMATION							
☐ Will process own hemp on s	site (processor licens	se not required)		growers' hemp to proces			quired)
☐ Unknown at this time			☐ Will send to offsite	e licensed processor (ple	ease name if	known):	
SECTION 5 - LICENSE FEE /	REGISTRATION FE	EE AND CALCU	LATION				
registration IF you intend to gro DEFINITIONS: Hemp Grower – Plants, grows, Total Acreage – Total hemp ac Research Agreement – This d Research Agreement is requi this application form. Background Check Form – For the Applicant is a Business. G submitting the Background C	, or cultivates hemp creage for ALL fields locument must be co ired for an Annual Ro or NEW applicants, t Current licensees wh	in Wisconsin. s and greenhous ompleted and sig egistration. Instr this form must b ho are business	se acres (as converted gned by the departmen ructions for submitting ye completed by the Apes who need to change	nt and applicant and sub- your Research Agreement plicant if the Applicant is the their Operations Mana	ent will be sen s an Individua	t to the Ap	plicant upon receipt of Operations Manager i
TABLE 1) Hemp Grower Initia	al Application Fee		TABLE 2) Hemp Gro	ower Annual Registrati	ion Fee		
TOTAL ACREAGE	FEE		ANNUAL REGISTRA	ATION	FEE		
0 - 30 acres	\$150		Only Remit if Growing		\$350	<u> </u>	_
31 -199 acres	\$5/acre		Annual Registration L	.ate Fee: for annual applications postmarked	\$70		
200 acres or more	\$1,000		after March 1, 2020.	ipplications postmarked			
NOTE: The Initial Application F ALL applicants, regardless of For more information about th https://datcp.wi.gov/Pages/Pr Pursuant to Wis. Stat. § 93.2: reissuance of a license after	whether or not a lice the hemp program, victorians Services/In 1(5), a person who fithe the license has expire	ense is issued. isit our website: dustrialHemp.asiles an applicationed shall pay, in	able and required of spx on for renewal or addition to the fee for	FEE AMOUNT FROM			
the license, an additional fee greater.	· 	ilicerise lee of \$	o, whichever is				
Make check payable to: WDAT Mail application and check to: WDATCP BOX 93598 MILWAUKEE, WI 53293-059							
Instructions for submitting yo	•						
agreement will be sent to a	· · · · · · · · · · · · · · · · · · ·	·		LICENSE & REGISTR	ATION FEE 1	OTAL	
I CERTIFY ALL THE INFORMA	ATION THAT I PRO	VIDE ON THIS	FORM TO BE TRUE A	AND ACCURATE.			
TYPE/PRINT NAME OF APPLICAN	IT AND TITLE	APPLICANT SIG	NATURE		DATE	_	