

2320 SOUTH DUPONT HIGHWAY DOVER, DELAWARE 19901 AGRICULTURE.DELAWARE.GOV

Telephone: (302) 698-4500 Toll Free: (800) 282-8685 Fax: (302) 697-6287

## DELAWARE DOMESTIC HEMP PRODUCTION PROGRAM

## PROCESSOR APPLICATION

Under the Delaware Domestic Hemp Production Program, processors are required by the Department to complete a Processor Application and Annual Processor Facility Registration. New applications and renewals must be submitted by October 31. Registration Certificates will be valid until December 31 of the year that is three years after the certificate is issued, unless otherwise revoked. Processor Facility Registrations must be submitted annually no later than October 31.

## APPLICANT INFORMATION

Processor's Name: (Last, First, Middle)				
DE Business License No.				
EIN No.				
Phone:				
Email:				
Mailing Address:	City	State	Zip Code	
☐ Submitted Application for State and Federal Criminal Background Check. Confirmation email attached.				
☐ \$300 Application fee to the Delaware Department of Agriculture attached.				

Please Note: The Delaware Department of Agriculture cannot advise that a viable market will exist for any processor of hemp to sell their crop. The Delaware Department of Agriculture does not hold any responsibility for ensuring that an end market for hemp or hemp products exists and does not take any responsibility for any losses that may be incurred by the processor.

Do you process cannabis grown outside of Delaware?					
Key Participants					
Name:					
Phone:					
Email:					
☐ Submitted Application for State and Federal Criminal Background Check. Confirmation email attached.					
Name:					
Phone:					
Email:					
☐ Submitted Application for State and Federal Criminal Background Check. Confirmation email attached.					
PROCESSES PERFORMED (INDICATE YES/NO FOR ALL PROCESSES FOR WHICH YOU WANT TO REGISTER)					
Process	Yes/No	Process	Yes/No		
Cold Pressed	☐ Yes ☐ No	Food Product	☐ Yes ☐ No		
Oil Extraction	☐ Yes ☐ No	Other (describe):	☐ Yes ☐No		
Fiber	☐ Yes ☐ No				
INTENDED END PRODUCT					
Please describe the intended end product and intended destination of product leaving your facility.					