

2219 CAREY AVE. | CHEYENNE, WY 82002 | PHONE: 307-777-7321 | agrhemp@wyo.gov

	- HEMP LICENSE APPLICATION					
PLEASE TYPE OR PRINT CLEARLY (Incomplete or illegible forms will be rejected.)						
PLEASE INDICATE: PRODUCER PROCESSOR BOTH SECTION 1: INDIVIDUAL APPLICANT INFORMATION						
	al applying. Business entities proceed to section 2.)					
NAME:	DATE OF BIRTH://					
PRINCIPAL ADDRESS*:						
	CITY STATE ZIP					
MAILING ADDRESS:	CITY STATE ZIP					
PHONE NUMBER: ()ALTER	NATE PHONE NUMBER:()					
EMAIL ADDRESS:						
Only complete this section	APPLICANT INFORMATION n if you are a business entity. nal Key Participants proceed to section 2a.					
BUSINESS NAME:						
CONTACT NAME:	DATE OF BIRTH://					
PRINCIPAL ADDRESS*:						
STREET MAILING ADDRESS:						
MAILING ADDRESS:	CITY STATE ZIP					
PHONE NUMBER: ()ALTER	NATE PHONE NUMBER:()					
EMAIL ADDRESS:						
TYPE OF BUSINESS (CIRCLE ONE): CORPORATION #	ON LLC PARTNERSHIP OTHER:					
PLEASE ATTACH WYOMING SECRETARY C	OF STATE CERTIFICATE OF GOOD STANDING					
* Principal address must be a physic	cal address and not a Post Office Box.					
T imolpal address mast so a physic	an addition and not a rest office box.					
WDA OFFICE USE ONLY (DO NOT WRITE B	BELOW THIS LINE PROCEED TO SECTION 3.)					
Date Application Rec'd://						
Payment: Cash Check Check # Amo	ount: \$					
License Number: Processe	ed Date://					

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"Key participant" means a sole proprietor, a partner in a partnership, a member of a limited liability company, a director of a corporation, or a person with executive managerial control in a corporation. A person with executive managerial control includes persons such as a chief executive officer, chief operating officer, chief financial officer, principal, officer, member, manager, and director. This definition does not include non-executive managers such as farm, field, or shift managers. Please list them below and attach official criminal history reports for each key participant.

Name:	Title:	
Name:		
Name:		
Name:		
Name:	Title:	
Name:	Title:	

SECTION 3a: LICENSED PRODUCING AREA(S)

Multiple production areas can be attached to a single application. Please make additional copies of this page as necessary. Please name and number each licensed area lot. GPS coordinates must be included and obtained from the approximate center of each licensed area Lot. Each field is considered a licensed area Lot. An aerial map (FSA, Google, Bing, etc) indicating the outer boundaries of each licensed area lot must also be included.

LICENSED AREA LOT:	_ FIELD NAME	E:		
LEGAL DESCRIPTION:	Oceations	T		
ODO (LATITUDE)		Township		
GPS: (LATITUDE):			UDE):	
LICENSED AREA LOT SIZE:				
OWNERSHIP (Circle One): OWNE	ED LEASED	(if area is leased,	please complete	Section 4 for each non-owned field)
LICENSED AREA LOT:	_ FIELD NAME	: :		
LEGAL DESCRIPTION:		<u>-</u>		
GPS: (LATITUDE):			UDE):	
LICENSED AREA LOT SIZE:		(sq/ft or acres)		
OWNERSHIP (Circle One): OWNE	ED LEASED	(if area is leased,	please complete	Section 4 for each non-owned field)
LICENSED AREA LOT:	_ FIELD NAME	E:		
LEGAL DESCRIPTION:				
	Section	Township		
GPS: (LATITUDE):		(LONGIT	TUDE):	
LICENSED AREA LOT SIZE:		(sq/ft or acres)		
OWNERSHIP (Circle One): OWNE	D LEASED	(if area is leased,	please complete	Section 4 for each non-owned field)
LICENSED AREA LOT:	FIELD NAME	Ē:		
	_			
LEGAL DESCRIPTION:	Section	Township	Range	
GPS: (LATITUDE):		(LONGIT	TUDE):	
LICENSED AREA LOT SIZE:	 	(sq/ft or acres)		
OWNERSHIP (Circle One): OWNE	ED LEASED	(if area is leased,	please complete	Section 4 for each non-owned field)
LICENSED AREA LOT:	FIELD NAME	≣:		
LEGAL DESCRIPTION:	Section	Township	Range	
GPS: (LATITUDE):		(LONGIT	TUDE):	
LICENSED AREA LOT SIZE:	 	(sq/ft or acres)		
OWNERSHIP (Circle One): OWNE	ED LEASED	(if area is leased,	please complete	Section 4 for each non-owned field)
,		- /	•	,

SECTION 3b: LICENSED PROCESSING AREA(S)

Multiple processing areas can be attached to a single application. Please make additional copies of this page as necessary. Please name and number each individual processing area. GPS coordinates must be included and obtained from the approximate center of each processing area. Each building is considered an individual processing area. An aerial map (FSA, Google, Bing, etc) indicating the outer boundaries of each processing area must also be included.

LICENSED AREA:	BUILDII	NG NAME	:			· · · · · · · · · · · · · · · · · · ·		
LEGAL DESCRIPTION:								
			Section			hip	Range	
GPS: (LATITUDE):				(LONGIT	ΓUDE):			
PROCESSING AREA:		_ (sq/ft or	acres) F	Product(s)	Produce	ed:		
OWNERSHIP (Circle One):	OWNED	LEASED	(if area i	s leased,	please o	complete	Section 4 for e	ach building)
LICENSED AREA:	_ BUILDIN	IG NAME:						
LEGAL DESCRIPTION:		ection						
				ownship				
GPS: (LATITUDE):								
PROCESSING AREA:		_ (sq/ft or a	acres) P	roduct(s)	Produce	ed:	 	
OWNERSHIP (Circle One):	OWNED	LEASED	(if area is	s leased, p	olease c	omplete S	Section 4 for ea	ıch building)
LICENSED AREA:	_ BUILDIN	IG NAME:				 		
LEGAL DESCRIPTION:	0	C	+					
					, IDE/	•		
GPS: (LATITUDE):								
PROCESSING AREA:		_ (sq/ft or a	acres) Pr	roduct(s) F	Produce	d:		
OWNERSHIP (Circle One):	OWNED	LEASED	(if area is	s leased, p	olease c	omplete S	Section 4 for ea	ich building)

SECTION 4: LANDOWNER AGREEMENT This section is to be completed if you are leasing the licensed area from another real property owner. Please make additional copies of this form as necessary.
The landowner of any non-owned licensed area used for production/processing hemp or hemp products MUST consent for the area to be used for hemp production/processing.
I,
 Any information obtained by WDA with respect to this application and the production/processing of hemp on my property may be disclosed to the public and/or provided to law enforcement agencies without further notice to me or my representative(s). I agree to allow any inspection or sampling of my property at the referenced licensed area number in Section 3 of this application that WDA deems necessary relative to this application for a hemp production/processing license. I agree to allow WDA to use any right of way or another entry point to access the field for inspection.
Landowner's Signature: Date://
Landowner Contact Information: (Please print)
Name:
Phone: ()

Section 5: ACKNOWLEDGEMENT

Please affirm the applicant's agreement to the following terms and conditions for a hemp license.

I,______ (print name), having legal authority to bind the applicant to the terms and conditions of this application for a hemp license, hereby acknowledge those regulations governing the production and processing of hemp under federal law, Wyoming law, and the rules of the Wyoming Department of Agriculture ("WDA"). I further acknowledge, understand, and agree to each of the following terms and conditions of a license from WDA to produce and/or process hemp.

- 1. Any information provided to the Department may be publicly disclosed in accordance with the Wyoming Public Records Act (W.S. § 16-4-201 through 16-4-205) and may be provided to law enforcement agencies without further notice to the license applicant or licensee. License and harvest information will also be shared with the appropriate sections of the United States Department of Agriculture or other federal agencies.
- 2. I agree to allow any inspection or sampling that WDA deems necessary pursuant to Wyoming law during reasonable business hours.
- 3. In accordance with Wyoming hemp law, I agree to pay all fees for inspection, sampling, and analysis.
- 4. I agree that failure to pay any invoice sent to me by WDA within 60 days of the invoice date may result in license revocation.
- 5. I agree to submit all reports or records requested by WDA pertaining to this license application, hemp production, and hemp processing by the applicable due dates specified by WDA.
- 6. I agree to produce or process hemp only in a licensed area.
- 7. I affirm that I have not been convicted of or pled nolo contendere to a controlled substance felony within the past 10 years.
- 8. If the applicant is a business entity, I affirm that no key participant of the applicant has been convicted of or pled nolo contendere to a controlled substance felony within the past 10 years.
- 9. I affirm that all documents and information submitted in support of this application for a hemp license are correct and complete.
- 10. I affirm that I have read and understand the Rules of the Wyoming Department of Agriculture, Chapter 61, Rules Pertaining to Hemp, available at http://rules.wy.gov.
- 11. I acknowledge that WDA will determine my compliance with Wyoming hemp laws based solely on samples collected by WDA and analysis performed by WDA.

Applicant Name (Please	print):	 	
Applicant Signature:		 · · · · · · · · · · · · · · · · · · ·	
Date://			

SECTION 6: APPLICATION CHECKLIST

Please ensure that all items listed below are included in this application packet. Any incomplete applications will be rejected and returned to the applicant.

1	APPLICATION ITEM
	Completed and signed application for Hemp License
	Photo Identification
	Key Participant List
	Wyoming Secretary of State Certificate of Good Standing (Business Applications Only)
	Maps of Licensed Area (FSA, Google, Bing, etc.)
	Landowner Agreement (If applicable)
	Acknowledgement Form
	Criminal History Report for applicant or, if the applicant is a business entity, each Key Participant
	List of Products being produced
	License Application Fee - \$750.00 (\$500 for an educational or nonprofit organization) non-refundable

Approved hemp licenses will be valid for the remainder of the current calendar year.

All licenses expire on December 31 of each year.