

## **Kentucky Department of Agriculture Hemp Licensing Program**

<b>OFFICIAL</b>	USE	ONI	$\mathbf{Y}$

## **2020 Field Planting Report**

- This form is due for each and every address approved on your application and any subsequent *Site Modification Requests*, and must include each field Location ID.
- Use separate forms for different addresses.
- This form is due within 15 days following the first day of each planting.
- If you will NOT plant at a licensed Location ID, report of a "NO Planting" is due by July 31, 2020, by completing the Location ID field(s) in Question 2, and checking the "No Planting" box in the far right column.
- If you applied for your license online, all reports must be completed online as well.

License Holder:	<b>Grower License#:</b>	
Name of Signing Authority (if business):		
Email:	Phone:	
Indicate Licensed Growing Address for this report Planting Address (MUST Match Licensed Address)	rt: City	County
Complete the following table for Field Location I		

2) Complete the following table for Field Location IDs. Additional table rows found on page 2. NOTE: The Location ID MUST match the ID listed in your application or *Site Modification Request*. If a field contains multiple varieties/strains, enter those on separate rows.

Field Location ID (MUST match Licensed Location ID)	Hemp Variety/ Strain	Planted Seeds or Trans- plants	Source of Seeds or Transplants*	Area Planted (acres)	Primary Intended Purpose of Crop (Grain, Fiber, Floral)	Date Planted	Expected Harvest Date	Check if this is a replant	Check if NO Planting will occur
Ex: Field 11A	Hemp18	Seeds	Great Farms	25 ac	Grain	5/15/20	8/30	$\boxtimes$	

<sup>\*\*</sup>For Seed/Transplant Source, indicate where YOU received the material from, which may be another KDA license holder, or a seed/transplant supplier.



Email to: Hemp@ky.gov Mail to: KDA Hemp Program 111 Corporate Drive Frankfort, KY 40601

## Field Planting Table Continued from page 1.

Field Location ID (MUST match Licensed Location ID)	Hemp Variety/ Strain	Planted Seeds or Trans- plants	Source of Seeds or Transplants*	Area Planted (acres)	Primary Intended Purpose of Crop (Grain, Fiber, Floral)	Date Planted	Expected Harvest Date	Check if this is a replant	Check if NO Planting will occur
Ex: Field 11A	Hemp18	Seeds	Great Farms	25 ac	Grain	5/15/20	8/30	$\boxtimes$	
<del>_</del>	intend to pl 'explain:	ant additi	onal hemp at	this add	ress this year	? 🗆 Yes	□ No		

- 4) If you only planted a portion of the licensed field(s), attach an updated version of the map for this address. Include the following new information on the map.
  - Circle only the area planted in each field.
  - If not planting in a licensed field location, mark an "X" through the field where hemp will NOT be planted. Also, remember to write the Location ID for this no-plant field in the table on Question (2) and mark the "No Planting" column.

By writing my name below, I attest that I am the license holder or the secondary contact authorized by the license holder to submit this form, and that this information is accurate and complete.

Name:	Date:	

If this address also has greenhouse or indoor production, you must also submit the *Greenhouse/Indoor Planting Report* form.



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