



Kentucky Department of Agriculture Hemp Licensing Program 2020 Greenhouse/Indoor Planting Report

OFFICIAL USE ONLY.

- This form is required for every licensed indoor growing location.
- This form is **due within 15 days of first planting** in empty structure.
- This form is **also due on the last day of each quarter** (Mar. 31, June 30, Sept. 30, and Dec. 31), whether or not you have live plants in the approved indoor growing location.
- If no further production will occur in the location this year, you may submit multiple quarters on the same report.
- **If you applied for your license online, all reports must be completed online as well.**

License Holder:		Grower License #:
Name of Signing Authority (if business):		
Email:	Phone:	

1) Indicate Licensed Growing Address for this report:

Planting Address (MUST Match Licensed Address)	City	County

2) Indicate Quarter(s) for this report: ☐ First Planting / ☐ Mar. 31 / ☐ June 30 / ☐ Sept. 30 / ☐ Dec. 31

3) If you have not and will not plant/propagate or maintain live plants at this address for remaining quarters, indicate those here: ☐ Mar. 31 / ☐ June 30 / ☐ Sept. 30 / ☐ Dec. 31

4) Complete the table below. Indicate new plantings during this quarter.

NOTE 1: The Location ID MUST match the ID listed in your application or site modification request.

NOTE 2: Keeping potted plants outside next to a greenhouse is only permitted temporarily for specific reasons.

Location ID (MUST match licensed Location ID)	Hemp Variety/ Strain	Planted: Seeds, Cuttings, or Transplants.	Source of Seeds or Planting Stock*	Number Planted (count)	Date Planted or Seeded	Check if No plants this quarter	Intended use for plants
Ex: GH12	CBD 1	Cuttings	Great Farms	1,500	4/5/2020	<input type="checkbox"/>	Transplants to sell
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	

*For Seed/Planting Stock Source, indicate where YOU received the material from, which may be another KDA license holder, a seed/clone supplier, or from cuttings onsite.

Revised 1/2020



Email to:
Hemp@ky.gov

Mail to:
KDA Hemp Program
111 Corporate Drive
Frankfort, KY 40601

- 5) Complete the table below. Indicate the current inventory, quantity and variety/strain, of plants on site during this quarter.

Location ID (MUST match licensed Location ID)	Variety/ Cultivar	Number of Plants	Area (sq ft)
<i>Ex: GH12, rows 2-8</i>	<i>CBD 1</i>	<i>125 plants</i>	<i>1,250 sq ft</i>

- 6) Attach additional sheets as necessary. If additional sheets are attached, indicate total number of sheets attached: _____

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

Name: _____

Date: _____

If this address also has field production, you must also submit the *Field Planting Report* form.