HPH-01 4/19 Michigan Department of Agriculture and Rural Development

Michigan Department of Agriculture & Rural Development	P.O BOX 30776 LANSING MI 48909-8276 Phone: 517-284-5771 Email: mdard-clu@michigan.gov HEMP PROCESSOR-HANDLER LICENSE APPLICATION In Accordance with Public Act 641 of 2018					
<b>STEP 1: BUSINI</b>	ESS INFORMATI	ON				
Business Name:						
Business Address:						
City:		State:	Zip:			
Phone Number:		Email Address:			_	Office Hee Only
Oran analia Tranca						Office Use Only
Ownership Type:	Corporati	on LLC		Sole Prop	rietor	
Joint Tenant       Other       Federal Identification #:         Mailing Address (If different from Business Address)						
Address:	II different from B	usiness Address)				
		[				
City:		State:	Zip:			
STEP 2: CONTA	ACT INFORMAT	ION - List all conta	act(s) owning	in excess of 10%	% stock o	or equity
Contact Name:	Title:					
Date of Birth:			Email Address:			
Contact Name:			Title:			
Date of Birth:			Email Address:			
STEP 3: REGIST	<b>FRATION/LICEN</b>	SE INFORMATI	ON			
LOCATION ADDRESS (City, State, Zip, County)						GPS Coordinates

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STEP 4: ACKNOWLEDGMENTS							
<ul> <li>I acknowledge that all physical addresses of the location(s) to be used for processing, handling, brokering, or marketing hemp must be submitted with application. This application constitutes written consent by the applicant to allow MDARD personnel access to any growing locations as deemed necessary by MDARD for inspection, sampling and testing. Any changes to physical addresses used in the growing or processing of hemp shall be approved in writing by MDARD prior to that location being legally permitted for use. A site modification fee of \$50.00 must be submitted for each alteration to a site listed in a processor-handler license after the registration has been issued.</li> <li>I acknowledge that any finished products produced as part of this project which are to be marketed and sold will comply with all applicable laws, regulations and requirements of any governmental agency or other regulating</li> </ul>							
Applicant Name (Print):	Applicant Signature:		Date:				
STEP 5: ATTACHMENTS							
Additional Contacts	Additional Locations		Maps				
STEP 6 : HEMP PROCESSOR-HANDLER LICENSE FEE - Make check/money orders payable to the State of Michigan							
Nonrefundable Hemp Processor-Handler License Fee \$1350.00ASC Hot Key (mdard use of the second se							

## I hereby verify and affirm that all information contained in this application is true and accurate.

Applicant Name (Print):	Applicant Signature:	Date: