

**NEBRASKA HEMP FARMING ACT**  
**2020 Cultivator License Application**

**FULL NAME** of applicant/designee:

\_\_\_\_\_

**BUSINESS NAME** (if applying as a business):

\_\_\_\_\_

**BIRTHDATE** of applicant/designee (*must be 18 years of age to apply*): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**MAILING ADDRESS** of applicant:

\_\_\_\_\_

**CONTACT INFORMATION** of applicant:

Phone (mobile or landline): \_\_\_\_\_

Email: \_\_\_\_\_

**FBI IDENTITY HISTORY SUMMARY CHECK\*** (no felony drug convictions in the last 10 years allowed, see application guidance for instructions) *\*Identity History Summary Checks must be completed for the applicant/designee, key participants, and each owner in excess of 10% within 60 days of the application submission. Proof of submission must be attached to the application.*

**ANNUAL FEES** required:

Application fee due with application. Any applicable site registration fees are due prior to issuance of a license.

- Application Fee: \$100 per applicant (nonrefundable, must be submitted with application)
- Cultivator Fee: \$400 per site (due upon approval of application via email, follow instructions)
- Site Modification Fee \$50 per modification (if required after receipt of license)

**CERTIFICATIONS:** *Applicant must read, understand and agree to the following by checking each box.*

- Applicant has not been convicted of a drug-related felony within the last 10 years
- Applicant has legal control over the site(s)
- Applicant agrees to comply with all applicable requirements of the Nebraska Hemp farming Act, including but not limited to:
  - Providing the Nebraska Department of Agriculture (NDA) and law enforcement unlimited access to the site(s) for inspections which includes having an authorized person available on-site during NDA inspections
  - Destroying hemp that is noncompliant
  - Paying for all testing of the hemp, including reimbursements to NDA
- Applicant understands their own risk and that NDA will not provide compensation for financial loss
- Applicant understands NDA's issuance of a license is NOT an authorization to violate any state or federal law

**MAPPING OF SITES:** *Map(s) must be attached.*

Map required for each site listed with the following details printed on map:

- Site number in top right corner
- Entrances
- Field Boundaries
- Location ID for each planting, drying, or storage area within site (see application packet for details)

**SITE(S) INFORMATION** - Must be in NEBRASKA; each site defined by single legal description;

Label site numbers sequentially; this page may be duplicated for additional sites.

**Site #**\_\_\_\_: Type of hemp (check all that apply):  Flower/Cannabinoids  Fiber/Grain  Seed

Number of acres or square feet: \_\_\_\_\_

Address of Site(s): \_\_\_\_\_  
\_\_\_\_\_

Legal Description(s): Section, Township and Range:  
\_\_\_\_\_  
\_\_\_\_\_

GPS Coordinate(s): Location ID: \_\_\_\_\_ N \_\_\_\_\_ W \_\_\_\_\_  
Location ID: \_\_\_\_\_ N \_\_\_\_\_ W \_\_\_\_\_  
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Number of acres or square feet: \_\_\_\_\_

Address of Site(s): \_\_\_\_\_  
\_\_\_\_\_

Legal Description(s): Section, Township and Range:  
\_\_\_\_\_  
\_\_\_\_\_

GPS Coordinate(s): Location ID: \_\_\_\_\_ N \_\_\_\_\_ W \_\_\_\_\_  
Location ID: \_\_\_\_\_ N \_\_\_\_\_ W \_\_\_\_\_  
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Number of acres or square feet: \_\_\_\_\_

Address of Site(s): \_\_\_\_\_  
\_\_\_\_\_

Legal Description(s): Section, Township and Range:  
\_\_\_\_\_  
\_\_\_\_\_

GPS Coordinate(s): Location ID: \_\_\_\_\_ N \_\_\_\_\_ W \_\_\_\_\_  
Location ID: \_\_\_\_\_ N \_\_\_\_\_ W \_\_\_\_\_  
Location ID: \_\_\_\_\_ N \_\_\_\_\_ W \_\_\_\_\_  
Location ID: \_\_\_\_\_ N \_\_\_\_\_ W \_\_\_\_\_

**ATTESTATION:**

*If applying as a business entity:*

- Applicant uses a federal immigration verification system authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a to determine the work eligibility status of new employees physically performing services within the State of Nebraska;

*If applying as an individual:*

- I am a Citizen of the United States; OR
- I am a qualified alien under the Federal Immigration and Nationality Act, my immigration status and alien number are as follows: \_\_\_\_\_, and I agree to provide a copy of my USCIS documentation upon request.

*I am at least 18 years of age. I hereby attest that my response and the information provided on this form, and any related application for public benefits are true, complete, and accurate; and I understand that this information may be used to verify my lawful presence in the United States.*

**SIGNATURE OF APPLICANT:**

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

**PLEASE REVIEW APPLICATION GUIDANCE DOCUMENT BEFORE SUBMISSION**

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS EMPLOYER IDENTIFICATION NUMBER (EIN):** \_\_\_\_\_

**PRINCIPAL BUSINESS ADDRESS:** \_\_\_\_\_

*List of all key participants and owners owning in excess of 10% of equity or stock must be listed on this form. Confirmation email for FBI Identity History Summary Checks must be attached for each individual listed below.*

1) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

Email: \_\_\_\_\_

2) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

Email: \_\_\_\_\_

3) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

Email: \_\_\_\_\_

4) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

Email: \_\_\_\_\_

5) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

Email: \_\_\_\_\_

6) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

Email: \_\_\_\_\_

7) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

Email: \_\_\_\_\_

8) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

Email: \_\_\_\_\_

9) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

Email: \_\_\_\_\_

10) **FULL NAME AND TITLE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Phone (mobile or landline): \_\_\_\_\_

Email: \_\_\_\_\_