

# 2019 Hemp Greenhouse Planting Report

*Personal information that you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § 15.04 (1)(m)*

1. This form is due for each address approved on your grower license and any amendments made to your license.
2. A new form is required for each planting process
3. This form is due within 30 days of planting or by July 1st, whichever comes first.
4. Avoid license "Suspension" by submitting a planting report that indicates that you have not planted yet. Then submit as soon as you plant if after July 1st.

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<p><b>1. If you have not and will not plant/propagate or maintain live hemp plants</b> <input type="checkbox"/></p> <p><b>2. If you planted hemp in a greenhouse or indoors, you must complete the report below.</b>  <b>CROP PLANTING INFORMATION</b> – <i>**For Seed/Transplant Source, indicate where you received the material from, which may be another license holder or a seed/transplant supplier in another state's pilot program.</i></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="width: 8%;">Greenhouse number / name</th> <th style="width: 10%;">VARIETY OR STRAIN</th> <th style="width: 10%;">PLANTED: SEEDS, CUTTINGS OR TRANS-PLANTS</th> <th style="width: 10%;">SOURCE OF SEEDS OR PLANTING STOCK**</th> <th style="width: 10%;">AREA PLANTED (SQ. FT)</th> <th style="width: 10%;">PRIMARY INTENDED USE OF CROP (Grain, Fiber or CBD)</th> <th style="width: 10%;">DATE PLANTED OR SEEDED</th> <th style="width: 10%;">EXPECTED HARVEST DATE</th> <th style="width: 8%;">CHECK IF NO PLANTING WILL OCCUR</th> <th style="width: 15%;">PRIMARY INTENDED USE FOR PLANTS (sold, moved to field)</th> </tr> </thead> <tbody> <tr style="color: red;"> <td>Ex: GH1</td> <td>Ex: CBD24</td> <td>Ex: Seeds</td> <td>Ex: ABC Hemp</td> <td>Ex: 1250 sq. ft</td> <td>Ex: CBD</td> <td>Ex: 5/25/19</td> <td>Ex: 9/1/19</td> <td><input checked="" type="checkbox"/></td> <td>Ex: Transplants to sell</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> </tbody> </table>										Greenhouse number / name	VARIETY OR STRAIN	PLANTED: SEEDS, CUTTINGS OR TRANS-PLANTS	SOURCE OF SEEDS OR PLANTING STOCK**	AREA PLANTED (SQ. FT)	PRIMARY INTENDED USE OF CROP (Grain, Fiber or CBD)	DATE PLANTED OR SEEDED	EXPECTED HARVEST DATE	CHECK IF NO PLANTING WILL OCCUR	PRIMARY INTENDED USE FOR PLANTS (sold, moved to field)	Ex: GH1	Ex: CBD24	Ex: Seeds	Ex: ABC Hemp	Ex: 1250 sq. ft	Ex: CBD	Ex: 5/25/19	Ex: 9/1/19	<input checked="" type="checkbox"/>	Ex: Transplants to sell									<input type="checkbox"/>										<input type="checkbox"/>										<input type="checkbox"/>										<input type="checkbox"/>										<input type="checkbox"/>										<input type="checkbox"/>										<input type="checkbox"/>										<input type="checkbox"/>										<input type="checkbox"/>										<input type="checkbox"/>										<input type="checkbox"/>										<input type="checkbox"/>	
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**3. Complete the table below. Indicate all transfers of planting stock to or from other licensees.**

LOCATION ID	VARIETY/CULTIVAR	NUMBER OF TRANSPLANTS	DATE TRANSFERRED	RECIPIENT NAME	RECIPIENT LICENSE NUMBER
<i>Ex: GH 1</i>	<i>Ex: CBD24</i>	<i>Ex: 10,000</i>	<i>Ex: 5/25/18</i>	<i>Ex: J. Smith</i>	<i>Ex: 1234567</i>

**4. Complete the table below. Indicate the current inventory, quantity and variety of plants on-site during this reporting period.**

LOCATION ID	VARIETY OR STRAIN	NUMBER OF PLANTS	AREA PLANTED (SQ. FT)
<i>Ex: GH 1</i>	<i>Ex: CBD24</i>	<i>Ex: 300</i>	<i>Ex: 1250 sq. ft</i>

**LICENSE HOLDER OR OPERATIONS MANAGER SIGNATURE, VERIFYING THE ABOVE INFORMATION IS ACCURATE:**

SIGNATURE

DATE

**This form, maps, and all supporting documentation must be emailed, mailed, or faxed to:**

[DATCPIndustrialHemp@wisconsin.gov](mailto:DATCPIndustrialHemp@wisconsin.gov) **DATCP, Attn: Hemp Program, P.O. Box 8911, Madison WI 53718-8911** Fax: 608-224-5775