

HEMP REGISTRATION APPLICATION

Official 2020 Form



agriculture.vermont.gov

116 State Street • Montpelier, Vermont 05620-2901 • Hemp Program 802-828-1732

Vermont Agency of Agriculture, Food & Markets Hemp Program
116 State Street | Montpelier, Vermont 05620-2901
All fields are required, unless otherwise specified.

For Office Use Only
Registration No:

Date Rec'd:

Fee Rec'd:

Type of Registration *Grower*

Processor

Primary Contact

Business Name _____ *Business email* _____

Business phone _____

Business address _____ *Municipality* _____

State _____ *Zip code* _____

Secondary Contact

Secondary Contact number _____

Secondary Contact email _____

Address and GPS coordinates showing vehicular access points to property from public right of way (please use additional paper if necessary)

Grow or Processing Site address	Latitude (DD.DDDDD)	Longitude (-DD.DDDDD)

Are you growing only hemp fiber or grain?

Are you growing only for personal use and less than 0.5 acres?

Fees for floral material are based on the greater of the number of acres planted or the weight of hemp or viable seed processed

*If growing and processing a floral crop for cannabinoids, how many acres or pounds will be grown or processed annually? **Failure to provide this information will result in your application not being processed***

Acres

LBS processed annually
(1 LB concentrate x 10)

If an application/renewal to operate exclusively within an indoor facility for floral material, viable seed, or production of cannabinoids, what is the area of the facility?

Square feet

If processing only, what type of processing and/or services will the operation provide? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Drying/storage | <input type="checkbox"/> Seed oil press/fiber processing |
| <input type="checkbox"/> Manufacturing hemp products | <input type="checkbox"/> Hemp handler/broker/aggregate |
| <input type="checkbox"/> Extraction | <input type="checkbox"/> You will source hemp from VT growers |

*Read and initial all statements and sign application. The application will be **returned** if not complete.*

I acknowledge that when applying as a grower:

(please initial): that the seeds obtained for planting are of a type and variety that do not exceed the federally defined tetrahydrocannabinol concentration level of hemp.

(please initial) I have enclosed with my application a map of the cultivation areas, Mapping Guidance

And when applying for registration to the hemp program as a grower or processor:

(please initial) I further acknowledge that a person registered with the Secretary shall allow industrial hemp crops, throughout sowing, growing season, harvest, storage, and processing, to be inspected and tested by and at the discretion of the Secretary or designee.

(please initial) I have read this registration form and understand the requirements in it and I agree to hold harmless and release the state of Vermont, its officers, employees, contractors or agents from any and all claims, actions, suits, damages, judgments, attorney's fees, or prosecution of any kind, that may arise due to my cultivation of *Cannabis sativa* (L.) conducted under authority of this state law-based registration requirement administered by the Agency of Agriculture, Food and Markets.

I certify that the information provided herein is true and correct, that I am in good standing with respect to any obligation for child support, and that under the pains and penalties of perjury that I am in good standing with respect to all taxes due to the State of Vermont, and that my signature is an attestation of that fact.

Signature of Primary Contact

Date