

ARKANSAS HEMP PROGRAM

NEW Field Grower Application Deadline: MAY 1, 2026
Renewal Application Deadline: APRIL 1, 2026

OFFICE USE ONLY



ARKANSAS DEPARTMENT OF AGRICULTURE PLANT INDUSTRIES DIVISION

HEMP GROWER APPLICATION (FY2026 – FY2027)

THIS SECTION TO BE COMPLETED BY STATE OFFICIAL

License Number:	Comments:
Expiration Date:	

NEW APPLICATION

RENEWAL APPLICATION: _____
Hemp Grower License Number

➤ **SECTION I – APPLICANT INFORMATION**

Application Date: _____

Commercial Growing License Research Only Storage Only

Please the type of Grower License you are applying for:

APPLICANT NAME: _____ EIN (if company): _____

APPLICANT BUSINESS ADDRESS: _____
Street or PO Box City State Zip Code County

APPLICANT BUSINESS EMAIL: _____

APPLICANT BUSINESS PHONE: _____

APPLICANT COMPANY/ENTITY TYPE:

Please the appropriate box below: Are you applying for an Individual License or a Company License?

<p>Individual Producer (OCSE Form Required – see “LICENSE HOLDERS – FORMS & DEADLINES” Hemp Program webpage)</p>	<u>Company/Entity Registration Type:</u>
	Corporation - State of Incorporation: _____
	Non-Profit Organization
	Partnership
	Limited Liability Company - State of Formation: _____
	State University or other Research Institution
	Sole Proprietorship

➤ SECTION II – SIGNING AUTHORITIES (REQUIRED FOR ALL APPLICANTS/RENEWING LICENSEES)

SIGNING AUTHORITY INFORMATION: *THIS SECTION APPLIES TO ALL LICENSURE APPLICANTS.* A Signing Authority is an officer or agent of the organization with the written power to commit the legal entity to a binding agreement. All signing authorities listed on this page must annually submit a criminal history background check with AR State Police (ASP). See the “APPLICATIONS FOR HEMP LICENSING” webpage for full details on ASP criminal history background checks. Attach copies of ID/DLs to this application.

NAME:			
PHONE #:		ID# OR DL#: *ATTACH COPY	
EMAIL:			
DATE BACKGROUND CHECK SUBMITTED TO ASP:			
SIGNATURE:			

NAME:			
PHONE #:		ID# OR DL#: *ATTACH COPY	
EMAIL:			
DATE BACKGROUND CHECK SUBMITTED TO ASP:			
SIGNATURE:			

NAME:			
PHONE #:		ID# OR DL#: *ATTACH COPY	
EMAIL:			
DATE BACKGROUND CHECK SUBMITTED TO ASP:			
SIGNATURE:			

NAME:			
PHONE #:		ID# OR DL#: *ATTACH COPY	
EMAIL:			
DATE BACKGROUND CHECK SUBMITTED TO ASP:			
SIGNATURE:			

➤ *Submit additional copies of this page to include any additional Signing Authorities.*

➤ SECTION III – COMPANY KEY PARTICIPANTS (REQUIRED FOR COMPANY APPLICANTS/LICENSEES ONLY)

KEY PARTICIPANT INFORMATION: THIS SECTION IS INTENDED FOR BUSINESS/COMPANY ENTITIES ONLY. A Key Participant is a person who has direct or indirect financial interest in the business/company entity producing hemp, such as an owner, investor, or partner in a partnership. All Key Participants listed on this page must annually submit a criminal history background check with AR State Police (ASP). See the “APPLICATIONS FOR HEMP LICENSING” webpage for full details on ASP criminal history background checks. Attach copies of ID/DLs to this application.

Name: _____

Title: _____

Phone #: _____ ID/DL #: _____

Email: _____

Date Background Check Submitted to ASP: _____

Name: _____

Title: _____

Phone #: _____ ID/DL #: _____

Email: _____

Date Background Check Submitted to ASP: _____

Name: _____

Title: _____

Phone #: _____ ID/DL #: _____

Email: _____

Date Background Check Submitted to ASP: _____

Name: _____

Title: _____

Phone #: _____ ID/DL #: _____

Email: _____

Date Background Check Submitted to ASP: _____

➤ Submit additional copies of this page to include any additional Key Participants.

➤ SECTION IV – GROWER PRODUCTION INFORMATION

Fill out your planned hemp production information below.

1) Indicate the intended hemp production focus for this season (check all that apply):

- | | |
|---|---|
| Grain | Fiber |
| Replication of Seeds | Replication of vegetative planting stock/propagules |
| Floral Material (including CBD, other phytocannabinoids, terpenoids, or any other extracts) | |
| Research | Other: _____ |

2) Are you, or any other listed signing authorities or key participants, or their family members, current AR Department of Agriculture employees?

YES

NO

“Family” means spouse and children, as well as a person who is related to a public servant as any of the following, whether by blood or adoption: parent, brother, sister, grandparent, grandchild, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister.

3) If you answered “Yes” to question 2, complete the following table. If “No”, skip to question 4.

Applicant (Signing Authority/Key Participant)	Name of current Dept. employee who is a family member	Relationship	Dept. Office, if known

4) **RESEARCH APPLICANTS ONLY—ATTACH A HEMP GROWING RESEARCH PLAN.** Explain in detail the industrial hemp research you are interested in conducting on behalf of the Program for this season. Include a written statement of the research objective(s) and data or observations to be collected and reported to the Program. Provide details of your overall research plan, including, what you intend to accomplish with your research goals and how you will achieve them. Attach additional sheet(s) of your proposed research plan(s) to this application.

Have you attached a research plan as referenced above?

YES

NO

N/A—Applying for Commercial or Storage Only License

5) **AGRICULTURE EXPERIENCE / INCOME.** Submit evidence of agricultural income or experience, such as IRS 1040 Schedule F form, your Farm Serial Number (FSN#), or any degrees in agriculture, science, or other related fields. Attach additional sheets with this information to this application.

Have you attached this evidence?

YES

NO

6) HEMP SEED/PLANTING STOCK SOURCE:

Licensed hemp program participants are responsible for selecting and purchasing hemp seed or planting stock, including selecting and purchasing varieties. Any agricultural seed dealer selling or transporting seed into Arkansas MUST have an Arkansas Seed Dealer/Labeler License. Refer to the Department’s Seed Licensing Section website or the Hemp Program’s latest Program Orientation PowerPoint for more information.

Providers of hemp seed, propagules, seedlings, or clones must be licensed by a state department of agriculture or the USDA. Transporting rooted plants into Arkansas requires a phytosanitary certificate to ensure plants are free of pests and diseases.

Complete the table below to outline your seed or propagule acquisition plan, including the source company name and any variety names. If a hemp variety is not on the approved list, submit a “NEW VARIETY REQUEST FORM” at least three weeks before acquisition. Check the latest “SUMMARY OF VARIETIES LIST” on the Hemp Program’s “LICENSE HOLDERS” webpage.

Important: You may not receive or possess hemp material, including viable seed, without a Hemp License Certificate from the Department. If approved, you must comply with all hemp importation and transfer laws.

List the seed or propagule source companies and any varieties you are considering:

	Source Company Name	City, State	Variety Name <i>(FULL NAME AS LISTED ON LABELS/COA)</i>	Total THC% <i>(FROM OFFICIAL COA)</i>	Type of Material <i>(SEEDS OR TRANSPLANTS)</i>
1.					
2.					
3.					
4.					
5.					

GROWING LOCATIONS:

As a licensed hemp grower, you must choose to grow hemp indoors, outdoors, or both. Each “LOCATION ID” you request, whether for an indoor or outdoor site, requires an aerial map submitted with this application. Attach your aerial Location ID maps for each requested site to this application.

7) Will you grow hemp **outdoors** this season?

YES

NO

If YES: Request a “Field Location ID” for each outdoor site on page 6 of this application. Outdoor sites twenty (20) feet apart must be assigned as separate Location IDs with unique names. (e.g., “FIELD #1,” “FIELD #2,” “NW FIELD,” etc.) Provide GPS coordinates in decimal degree format for each site.

8) Will you grow hemp **indoors** this season?

YES

NO

If YES: Request a “Greenhouse Location ID” for each indoor site on page 7 of this application. This includes any enclosed structure (e.g., greenhouses, hoop houses, shade houses). Assign unique Location ID names (e.g., “GREENHOUSE #1,” “ROOM A – BUILDING 3,” etc.) and provide GPS coordinates in decimal degree format for each structure.

9) FIELD PRODUCTION LOCATIONS (For desired outdoor field growing locations only – **applied acreage fees apply**)

NOTE: *OUTDOOR SITES MORE THAN 20 FEET APART MUST BE REGISTERED AS SEPARATE FIELD LOCATION IDS*

Each Field Location IDs must represent a continuous area without breaks such as fence lines, tree lines, bodies of water, or roads. Divided fields must be registered as separate Field Location IDs. The total acreage requested will determine the Program’s applied acreage fee. Refer to the Program’s “APPLICATIONS INSTRUCTIONS PACKET” located on the “APPLICATIONS FOR HEMP LICENSING” webpage.

a) Enter information for requested Field Location ID(s) below. Provide a unique Location ID name (chosen by you) and the six-digit GPS coordinate (in decimal degrees) for each outdoor field site. If approved, these Location ID names will appear on your License Certificate and must match all program paperwork.

Farm 1	Planting Street Address 1	City	State	Zip	County	Own or Rent
			AR			
	Indicate if this farm has multiple entrances: Yes No * If yes, number of entrances: _____					
	Location ID (unique name assigned by you)	GPS: Latitude Ex: 34.123456	GPS: Longitude Ex: -92.123456	Plot Acreage Size		
Field 1						
Field 2						
Field 3						
Field 4						

• ATTACH A COPY OF LEGAL LAND DESCRIPTION FOR THIS STREET ADDRESS. ATTACHED? Y N

Farm 2	Planting Street Address 2	City	State	Zip	County	Own or Rent
			AR			
	Indicate if this farm has multiple entrances: Yes No * If yes, number of entrances: _____					
	Location ID (unique name assigned by you)	GPS: Latitude Ex: 34.123456	GPS: Longitude Ex: -92.123456	Plot Acreage Size		
Field 1						
Field 2						
Field 3						
Field 4						

• ATTACH A COPY OF LEGAL LAND DESCRIPTION FOR THIS STREET ADDRESS. ATTACHED? Y N

Farm 3	Planting Street Address 3	City	State	Zip	County	Own or Rent
			AR			
	Indicate if this farm has multiple entrances: Yes No * If yes, number of entrances: _____					
	Location ID (unique name assigned by you)	GPS: Latitude Ex: 34.123456	GPS: Longitude Ex: -92.123456	Plot Acreage Size		
Field 1						
Field 2						
Field 3						

• ATTACH A COPY OF LEGAL LAND DESCRIPTION FOR THIS STREET ADDRESS. ATTACHED? Y N

10) INDOOR/GREENHOUSE PRODUCTION LOCATIONS (For desired indoor/greenhouse growing sites only – \$100 per Location)

NOTE: *EACH BUILDING, STRUCTURE, OR ROOM MUST BE REGISTERED AS SEPARATE GREENHOUSE LOCATION IDS*

Greenhouse Location IDs include any indoor or enclosed growing structure (e.g., greenhouses, hoop houses, shade houses) and sites used to store or cultivate rooted hemp clones, transplants, or seedlings before transplanting to a registered Field Location ID. If approved, quarterly reports must be submitted for each Greenhouse Location ID using the *GREENHOUSE/INDOOR PLANTING REPORT FORM*.

a) Enter information for requested Greenhouse Location ID(s) below. Provide a unique Location ID name (chosen by you) and six-digit GPS coordinates (in decimal degrees) for each site. If approved, Location ID names will appear on your License Certificate and must match all program paperwork.

Indoor Grow Site 1	Planting Street Address 1	City	State	Zip	County	Own or Rent
			AR			
	Indicate type of greenhouse production:		Transplants Only (Either seeded or vegetative cuttings), or seasonal stock plants			
	Stock Plants, Year Round		Year-Round production with intent to harvest indoor plants			
	Location ID (unique name assigned by you)	Type of Structure †	GPS: Latitude Ex: 34.123456	GPS: Longitude Ex: -92.123456	Square Feet	
Bldg. 1						
Bldg. 2						
Bldg. 3						

• ATTACH A COPY OF LEGAL LAND DESCRIPTION FOR THIS STREET ADDRESS. ATTACHED? Y N

Indoor Grow Site 2	Planting Street Address 2	City	State	Zip	County	Own or Rent
			AR			
	Indicate type of greenhouse production:		Transplants Only (Either seeded or vegetative cuttings), or seasonal stock plants			
	Stock Plants, Year Round		Year-Round production with intent to harvest indoor plants			
	Location ID (unique name assigned by you)	Type of Structure †	GPS: Latitude Ex: 34.123456	GPS: Longitude Ex: -92.123456	Square Feet	
Bldg. 1						
Bldg. 2						
Bldg. 3						

• ATTACH A COPY OF LEGAL LAND DESCRIPTION FOR THIS STREET ADDRESS. ATTACHED? Y N

Indoor Grow Site 3	Planting Street Address 3	City	State	Zip	County	Own or Rent
			AR			
	Indicate type of greenhouse production:		Transplants Only (Either seeded or vegetative cuttings), or seasonal stock plants			
	Stock Plants, Year Round		Year-Round Production with intent to harvest indoor plants			
	Location ID (unique name assigned by you)	Type of Structure †	GPS: Latitude Ex: 34.123456	GPS: Longitude Ex: -92.123456	Square Feet	
Bldg. 1						
Bldg. 2						
Bldg. 3						

• ATTACH A COPY OF LEGAL LAND DESCRIPTION FOR THIS STREET ADDRESS. ATTACHED? Y N

† Type of structure may be a greenhouse, high tunnel, barn warehouse, shade house, chick coop, etc.

11) STORAGE LOCATIONS (For desired storage sites only – \$100 per Location)

NOTE: *AT LEAST ONE (1) STORAGE LOCATION ID IS REQUIRED FOR ALL GROWER APPLICATIONS*

Storage Location IDs refer to any building or structure used to store or dry raw hemp materials, especially immediately after harvest. Hemp materials cannot be transported or sold until the Arkansas Department of Agriculture issues compliant lab test results for the Lot. Living or rooted plants are allowed only in a registered Greenhouse Location ID. However, a Greenhouse Location ID can also be registered as a Storage Location ID.

a) Enter information for requested Storage Location ID(s) below. Provide a unique Location ID name (chosen by you) and six-digit GPS coordinates (in decimal degrees) for each storage site. If approved, Location ID names will appear on your License Certificate and must match all program paperwork.

Storage Site	Storage Street Address 1	City	State	Zip	County	Own or Rent
1	Location ID (unique name assigned by you)	Type of Structure †	GPS: Latitude Ex: 34.123456		GPS: Longitude Ex: -92.123456	Square Feet
Bldg. 1						
Bldg. 2						
Bldg. 3						
Storage Site	Storage Street Address 2	City	State	Zip	County	Own or Rent
2	Location ID (unique name assigned by you)	Type of Structure †	GPS: Latitude Ex: 34.123456		GPS: Longitude Ex: -92.123456	Square Feet
Bldg. 1						
Bldg. 2						
Bldg. 3						
Storage Site	Storage Street Address 3	City	State	Zip	County	Own or Rent
3	Location ID (unique name assigned by you)	Type of Structure †	GPS: Latitude Ex: 34.123456		GPS: Longitude Ex: -92.123456	Square Feet
Bldg. 1						
Bldg. 2						
Bldg. 3						

† Type of structure may be a greenhouse, high tunnel, barn warehouse, etc.

12) Have you attached an “aerial Location ID map” for each requested Location ID listed on pages 6-8 of this application?

- One map per street address is required, with all Location ID names clearly labeled.
- Refer to the **APPLICATION INSTRUCTIONS PACKET** posted on the “APPLICATIONS FOR HEMP LICENSING” webpage for additional information.

YES

NO

13) Will a knowledgeable worker or signing authority be available on-site during the growing season to meet with Department representatives and/or law enforcement officials?

YES NO

14) Are any of the Location IDs requested on Pages 6 – 8 rented or leased by someone other than the applicant?

YES NO (All requested Location IDs are owned by me, the applicant)

14a) If “YES” to Question 14:

Attach a signed land lease agreement between you and the property owner. The agreement must:

- Acknowledge that hemp growing operations will occur on the leased land.
- Authorize the Department and law enforcement access to the property at any time, with or without cause.

Have you attached the required land lease agreement(s)?

YES N/A - (All requested Location IDs are owned by me, the applicant)

15) POINT OF CONTACT (POC) INFORMATION: Please provide details for the individual responsible for handling licensing and reporting paperwork on behalf of the license. This person will be the primary contact for any inquiries or issues regarding the license.

POC Name: _____ POC Phone: _____

POC Email: _____

16) PROGRAM WEBSITE LICENSEE PUBLIC LIST INFORMATION: The information given below will be posted on the Department’s Hemp Program website for all active Hemp Program Licensees. If information is left blank, the Department will use information provided in any Section of this application.

Web List Name: _____ Web List Phone: _____

Web List E-mail: _____ County: _____

17) Criminal History Disclosure:

All applicants, signing authorities, and key participants must disclose the date and location of any criminal convictions (excluding misdemeanor traffic offenses) in any jurisdiction. Failure to provide complete and truthful information may result in denial, suspension, or revocation of a license. **Criminal History Background checks are conducted through AR State Police.** Refer to the “APPLICATIONS FOR HEMP LICENSING” webpage for detailed instructions. Any changes to this information must be disclosed to the Department if licensure is approved.

Persons, Dates, and Details of Convictions:

a) Have you (the applicant), a signing authority, or any key participant in your company been convicted of a felony within the last 10 years?

YES NO

If YES, provide the date(s) and details of the conviction(s) below. Attach additional information as needed.

➤ SECTION V—Terms & Conditions for Licensure

Arkansas Hemp Grower Application Terms & Conditions

Read each acknowledgment statement below. Initial next to each statement to indicate your understanding and acceptance. Failure to acknowledge all statements may result in the denial of your application.

18) Nonrefundable Application Fee: I understand the \$50 fee is nonrefundable. Payments can be mailed or paid online. The Department is not responsible for lost or undelivered applications. Retain copies of all submitted applications. Email applications to industrialhemp@agriculture.arkansas.gov.

X _____

19) Application Review: I understand that incomplete applications will not be processed, and all required information must be provided with the application. I acknowledge that the Department is not obligated to ask follow-up questions during the application review process. Submitting attachments via email to industrialhemp@agriculture.arkansas.gov is acceptable.

X _____

20) Approval Not Guaranteed: I understand application approval is not guaranteed and may take up to 60 days. I acknowledge that the Department shall not be held responsible for delays, interruptions, or failures in processing applications, granting licenses, or performing any duties under the AR Hemp Program due to circumstances beyond its control. Such circumstances include but are not limited to natural disasters, pandemics, government actions, labor disputes, power outages, or other events that are unforeseen and unavoidable. In such cases, the Department reserves the right to modify timelines, requirements, or procedures as necessary and permissible.

X _____

21) Appeals, Final Decisions, & Dispute Resolution: I understand written appeals must be submitted within 15-days of denial notification. Final decisions are communicated to applicants via email. Furthermore, I agree that any disputes arising from or related to my participation in the AR Hemp Program shall be resolved in accordance with the laws of Arkansas. I further agree to first attempt to resolve disputes through informal negotiation with the Department.

X _____

22) Program Fees: I understand additional program fees apply, payable within 30 days of being invoiced via email communications to avoid application denial. Furthermore, I understand that each Lot of hemp produced costs \$100 each at the time of harvest and that any changes to my license after approval may incur additional costs.

X _____

23) Record Inspection Requirements: I understand that approved licensees must produce application and license certificate documents upon request from the Department or any law enforcement officer. I understand that all AR Hemp Program documentation must be retained within the state of Arkansas for up to three (3) years and made available for inspection upon request. I acknowledge that I am responsible for maintaining all records associated with my hemp operations and agree to provide the Department with such records when requested (e.g., agronomics, contracts, sampling, expenses, transportation/delivery, etc.).

X _____

24) Program Reporting Compliance: I agree to comply with all reporting requirements, including but not limited to:

- **New Variety Request Form** – due 3 weeks before purchasing any new varieties.
- **Field Planting Report Form** – due within 15 days of each Lot planting or by July 31 for “No Planting” reports.
- **Greenhouse/Indoor Planting Report Form** – first due within 15 days of planting within an empty Greenhouse Location ID (first planting quarter), then due quarterly throughout the calendar year: March 31 (Q1), June 30 (Q2), September 30 (Q3), & December 31 (Q4)
- **Harvest Request Form** – due 15 days prior to harvesting a Lot; triggers a sampling inspection
- **Destruction Request Form** – due 15 days prior to destroying any industrial hemp material; may trigger inspection.
- **Grower Production Report** – due by December 15th annually for all licensed growers who planted hemp.
- **Site Modification Request Form** – due prior to ANY changes in licensed Location ID sites.
- Any other licensing, reporting, or request forms as deemed necessary by the Program.

Furthermore, I acknowledge that all program forms are posted on the Program’s “LICENSE HOLDERS – FORMS & DEADLINES” webpage.

X_____

25) Inspection Site Access: I agree that, if approved for participation, Department Staff, Arkansas State Police, and other federal, state and local law enforcement agencies and drug suppression units may enter any premises where industrial hemp or hemp products are located, with or without advance notice and with or without cause.

X_____

26) Location Details: I will provide all physical street addresses and GPS coordinates for all grow/storage locations. I acknowledge that this application constitutes written consent by me, the applicant, to allow the Department and its agents access to any listed Location ID as deemed necessary by the Department for evaluation, verification of program compliance, and progress of industrial hemp productions. Any changes to Location IDs require prior approval from the AR Hemp Program via submission of a *SITE MODIFICATION REQUEST FORM*.

X_____

27) Privacy and Data Handling Clause: I acknowledge that the Department collects and uses personal information and data provided in this application solely for the purpose of administering the AR Hemp Program. I understand that my name, county, and contact information will be made publicly available on the Hemp Program’s website. Additionally, I acknowledge that all growing and storage locations, along with relevant information, will be shared with the USDA, Arkansas State Police, and other state or federal law enforcement agencies as required by federal and state laws. I consent to the Department retaining my application and licensing information for compliance, monitoring, and auditing purposes and understand that the Department implements reasonable measure to protect sensitive data. However, I acknowledge that no system is completely secure, and the Department is not liable for unauthorized access or breaches resulting from circumstances beyond its control.

X_____

28) On-Site Availability: I acknowledge that I or an authorized representative who is knowledgeable about the hemp operations shall be available on location by appointment for on-site visits by the Department for the purpose of inspection or compliance sampling.

X_____

29) Assumption of Risk: I accept the inherent risk associated with participation in a program focusing on a new agricultural crop. I acknowledge that both personal and financial loss may be possible and agree that the Department is not responsible for reimbursing or compensating any program participant for any loss resulting from involvement with the Program, or for any acts by the Department or its agents in the administration of the Program. I agree to indemnify and hold harmless the Department, its employees, agents, or representatives.

X_____

30) Annual Renewal: I acknowledge that licenses must be renewed annually. Past participation does not guarantee or imply automatic approval for future participation. Furthermore, I acknowledge that if approved for participation with the program, that my license will be valid from the issue date until June 30th annually.

X_____

31) Restricted Crop: I understand that hemp is a restricted crop in Arkansas. As such, it is illegal to grow or possess raw industrial hemp materials in Arkansas outside the auspices of the AR Hemp Program. If I become ineligible to continue participation, I will be required to divest possession of all hemp materials to an approved hemp licensee or destroy all my hemp materials in the presence of the Department and/or a member of law enforcement.

X_____

32) Volunteer Cannabis Plants: I acknowledge that I am responsible for the monitoring and destruction of any volunteer plants for three (3) years following cultivation regardless of land lease or ownership status during that time. I also acknowledge that I am not permitted to harvest or market any volunteer plants without written prior approval from the Department. Furthermore, I acknowledge that the responsibilities associated with the monitoring and destruction of any volunteer plants for three (3) years following cultivation may be transferred to another entity by written mutual agreement with both parties' signatures, and that this written statement will be provided to the Department.

X_____

33) Land Use Restrictions: I agree to follow all land use rules in Section 3 of Hemp Program Rules, including:

- No hemp in residential structures.
- No hemp within 1,000 feet of schools/daycares/churches.
- Minimum outdoor plot size: 0.25 acre and 1,000 plants.
- Posting signage required for all outdoor plots.

X_____

34) Intellectual Property Clause: I acknowledge that participation in the AR Hemp Program does not grant the Department or any affiliated entities any ownership rights to the intellectual property, patents, trademarks, proprietary materials, or trade secrets of individual growers or companies. Furthermore, I acknowledge that license holders are prohibited from growing or replicating any intellectual property or genetic lines for which they do not have a license or written permission from the varietal owner. A copy of any license or written permission from the varietal owner shall be provided to the Department upon request. I further agree that any materials or information shared with the Department for purposes of Program participation will not be used by the Department to claim ownership or intellectual property rights over my work.

X_____

35) Updates to Licenses: I agree to update the Department with any changes or deviations associated with my license within thirty (30) days of a change for the duration of the license. These changes or deviations include but are not limited to changes to mailing or street address(es), company name(s), signing authorities or key participant(s) information, and contact information.

X _____

36) Restrictions on Sale or Transfer of Hemp Material: I acknowledge that selling or transporting, or permitting the sale or transfer of raw industrial hemp material, including living plants, viable hemp seeds, living or dried/ground leaf material, or floral material, to any person or entity within the state who does not hold a license issued by the Department is a violation of the Arkansas Hemp Production Act of 2021 (A.C.A. § 2-15-501, *et seq.*), this Grower Licensing Agreement, and Arkansas Hemp Research Program Rules. Furthermore, I agree not to sell or transfer, or permit the sale or transfer, of raw industrial hemp material, including living plants, viable hemp seeds, living or dried/ground leaf material, or floral material to any unauthorized person or entity outside the state. I agree to always verify hemp license certificates and to retain copies of those license certificates before dealing business with any person or entity within or outside the state. I recognize that this type of raw hemp material is only permitted to be grown, handled, processed, or stored at licensed Location IDs within the state.

X _____

37) Sampling and Testing of All Hemp Lots in Arkansas: I agree to comply and abide by the Program sampling and testing requirements prior to harvesting or destroying any hemp plants in accordance with the Program’s published *Sampling, Testing, Remediation and Disposal Guidelines* (located on the Program’s website) and the Hemp Research Program Rules. I acknowledge that I am not permitted to harvest/destroy any hemp plants or hemp material without first submitting either a *Harvest Request Form* or *Destruction Request Form* with the Department. Furthermore, I acknowledge that once a *Harvest Request Form* is submitted for requested Lots for harvest, and the Department collects their required pre-harvest compliance samples from those requested Lots, that I have thirty (30) days to completely harvest those Lots.

X _____

38) Email Communications: I acknowledge that the Hemp Program utilizes e-mail address communications regularly as a primary communication tool and agree to ensure that my email is checked and monitored on a regular basis for correspondence between myself and the Department. I also acknowledge that due to the time-sensitive nature of the Hemp Program that all reporting and request forms must be submitted to the Program via e-mail at industrialhemp@agriculture.arkansas.gov, or submitted via provided electronic versions of program forms. It is my responsibility to ensure the Department receives all program reporting and request forms within a timely manner and by associated due dates. I also acknowledge that I have visited and familiarized myself with the Hemp Program’s website, the latest Hemp Program Orientation PowerPoint, the Program Rules, and all Program Reporting and Request Forms posted on the Program’s website.

X _____

39) Cooperation with Oversight: I agree not to hinder or obstruct the Department or any law enforcement agency in the performance of their duties. I also acknowledge that providing the Department with false, misleading, or incorrect information pertaining to my hemp operations may result in the suspension or revocation of my license.

X _____

40) Termination Clause: I acknowledge that the Arkansas Department of Agriculture reserves the right to suspend or terminate my participation in the AR Hemp Program at any time if I fail to comply with Program Rules, provide false or misleading information, violate applicable federal, state, or local laws, or engage in activities that jeopardize program integrity. Upon termination, I agree to cease all program related activities, including the cultivation, handling, or storage of hemp, and to comply with all Department directives regarding the disposal or transfer of hemp materials.

X _____

41) Prohibition on Planting Noncompliant Cannabis Varieties: No licensed hemp operator in the United States is permitted to plant, cultivate, or otherwise grow cannabis varieties that are classified as noncompliant with the federal definition of acceptable hemp THC levels. Planting noncompliant cannabis varieties, or any cannabis variety not approved by the AR Hemp Program, constitutes a violation of applicable state and federal regulations. This may result in penalties, license suspension or revocation, and reporting to law enforcement authorities. By submitting this application, I acknowledge and agree that growing or cultivating noncompliant cannabis varieties, including those exceeding the acceptable hemp THC level or not approved by the AR Hemp Program, is prohibited and may lead to enforcement actions under state and federal law.

X_____

Applicant Attestation: By signing below, I attest that I am the applicant applying for licensure with the Arkansas Hemp Program and that all information contained within this *Grower Application* is true and accurate to the best of my knowledge. I further acknowledge that providing false or misleading information to the Department may result in enforcement action against me by the Department, which may result in license suspension or revocation.

Print Name of Applicant

Applicant Title

Signature of Applicant

Date



Application & Attachment Review Checklist

Check all statements or attachments below that you are submitting within this application. In addition to those listed, attachments may include extended answers to any question in the application, a business plan, or other supporting documents. If the attachment is supplementary information to a question in this form, be sure to 1) include the question number on the document; and 2) start each new question attachment on a new page. If your application is missing any required attachments or incomplete, it will not be processed or further considered for program approval. You will be assessed an additional application fee upon resubmission.

- REQUIRED:** Application Fee: Paid via Online Payment Portal, or via post-mailed check or money order.
- REQUIRED:** Copy of DL/ID for each signing authority and, if applicable, all company key participant(s).
- REQUIRED:** ASP Criminal History Background Check submitted to ASP and released to the Arkansas Department of Agriculture.
- REQUIRED:** If applying for “Research Only” license, a Research Plan - detail of the hemp research you are interested in conducting.
- REQUIRED:** Evidence of agriculture or research experience as detailed in Question 5.
- REQUIRED:** Labeled aerial “Location ID” map(s).
- REQUIRED:** Copies of Legal Land Description(s) for each requested Field and Greenhouse Location ID.
- REQUIRED:** Land Lease agreement (if applicable) and acknowledgement from landowner.
- REQUIRED:** *If applying for an Individual Producer License*, the Office of Child Support Enforcement (OCSE) Form, posted on the “LICENSE HOLDERS – FORMS & DEADLINES” webpage.

Submit Hemp Application(s) via Email:

It is **highly** recommended that you e-mail entire hemp applications and supporting documents as a PDF attachment to industrialhemp@agriculture.arkansas.gov.

The \$50 nonrefundable application fee can be paid online via the Department’s Plant Industries Online Payment Portal, or via post-mailed check or money order. If post-mailing your \$50 app fee payment to the Department, you must provide Page 1 from this application within the mailing envelope. Follow instructions for the online payment portal posted on the AR Hemp Program’s website. This will ensure payment is recorded to the appropriate applicant.

The Department is not responsible for missing information due to formatting or printing errors on the user end, nor for applications lost in the mail or not received.

Please do not drop-off application(s) in-person; kindly e-mail or post-mail completed application(s).

Arkansas Department of Agriculture

ATTN: AR Hemp Program
1 Natural Resources Drive
Little Rock, AR 72205
(501) 225-1598

industrialhemp@agriculture.arkansas.gov

