

ARKANSAS HEMP PROGRAM

Processor/Handler Application Accepted Year-Round

OFFICE USE ONLY



ARKANSAS DEPARTMENT OF AGRICULTURE PLANT INDUSTRIES DIVISION

HEMP PROCESSOR/HANDLER APPLICATION

(FY2026 – FY2027)

THIS SECTION TO BE COMPLETED BY STATE OFFICIAL

License Number:	Comments:
Expiration Date:	

NEW APPLICATION

RENEWAL APPLICATION: _____
Hemp License Number

➤ **SECTION I – APPLICANT INFORMATION**

Application Date: _____

Please the type of Processor/Handler License you are applying for:

**Commercial
Processor/Handler
License**

**Research
Only**

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)</p>	<p>Company/Entity Registration Type:</p> <p>Corporation - State of Incorporation: _____</p> <p>Non-Profit Organization</p> <p>Partnership</p> <p>Limited Liability Company - State of Formation: _____</p> <p>Sole Proprietorship</p> <p>State University or other Research Institution</p>
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➤ 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 – PROCESSOR/HANDLER INFORMATION**

Fill out your planned hemp processing or handling information below.

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

NOTE: Applied Processor or Handler Fees are determined by the Processor/Handler’s hemp production focus selected below.

- | | |
|--|--|
| Grain | Fiber |
| Floral Material (CBD, Other Cannabinoids, terpenoids, or any other extracts) | |
| Handler (Laboratory) | Other Handler Service Provider: Indicate Type: _____ |
| 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 a current Dept. employee who is a family member	Relationship	Dept. Office, if known

4) **RESEARCH APPLICANTS ONLY—ATTACH A HEMP PROCESSOR/HANDLER 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 License

5) **ACQUISITION OF HEMP CROP MATERIALS:** Identifying and purchasing industrial hemp crop materials is the responsibility of the license holder, not the Department. Explain your hemp material acquisition plan by indicating the material you intend to process, handle, or store, by completing the table below.

List the raw hemp materials you plan to acquire for processing or handling. If processing, include the intended products or byproducts resulting from your processing of hemp.

	List Raw Hemp Material	List Products and/or Byproducts, and intended use
1.		
2.		
3.		
4.		

6) **FOOD GRADE PRODUCTS:** If processing hemp for grain or floral material, do you intend to produce food grade products?

YES

NO

Note: The Department has the authority to collect and retain samples of industrial hemp and any products derived from all industrial hemp in the possession of a Licensed Processor/Handler.

- a. *If final products are any type of consumable and are intended for human consumption (food, tinctures, etc.) the processor/handler is responsible for obtaining any required food safety permits to be compliant with state/federal food or consumption laws/rules. The processor is responsible for checking with state & federal authorities for these requirements.*
- b. *Industrial hemp for food for human consumption must be tested with a third-party laboratory for non-approved pesticide or herbicide use.*

7) **INFRASTRUCTURE:** Do you intend to use existing infrastructure to handle or process hemp?

YES If “Yes”, describe your existing infrastructure (buildings and equipment) below in 7a) or attach additional attachments to this application, if needed.

NO If “No”, explain your plans to develop the infrastructure (buildings and equipment) necessary to handle industrial hemp for your proposed operations below in 7a) or attach additional attachments to this application, if needed. List the specific equipment you intend to use.

7a)

8) **TIMELINE:** Provide a timeline for the critical steps supporting your hemp processing or handling operations – *i.e.* when you will acquire equipment & have it in place, when you will receive materials, when you expect to generate and sell products, etc. **Attach additional attachments to this application, if needed.**

9) PROCESSING LOCATIONS (for desired Processing locations only – **applied processing fees apply, \$100 per location**)

Enter “Location ID” information for requested PROCESSING street addresses in the tables below. Unique Location ID names are assigned by you, the applicant, for example: “PROCESSING 1,” “EXTRACTION LABORATORY,” etc. Attach copies of this page if you have more than three processing street address locations. Attach labeled aerial “Location ID” maps of each address listed. Storage or Handling location information is located on the next page. Refer to the latest *Application Instructions* document for additional help.

a) Enter information for requested Processing Location IDs below.						
Provide a unique Location ID name (chosen by you) and the six-digit GPS coordinate (in decimal degrees) for <u>each</u> Processing site. If approved, these Location ID names will appear on your License Certificate.						
P/H	Processor/Handler Address 1	City	State	Zip	County	Own or Rent
			AR			
Site	Location ID (unique name assigned by you)	Type of Structure †	GPS: Latitude Ex: 34.123456		GPS: Longitude Ex: -92.123456	Square Feet
1						
Bldg. 1						
Bldg. 2						
Bldg. 3						
P/H	Processor/Handler Address 2	City	State	Zip	County	Own or Rent
			AR			
Site	Location ID (unique name assigned by you)	Type of Structure †	GPS: Latitude Ex: 34.123456		GPS: Longitude Ex: -92.123456	Square Feet
2						
Bldg. 1						
Bldg. 2						
Bldg. 3						
P/H	Processor/Handler Address 3	City	State	Zip	County	Own or Rent
			AR			
Site	Location ID (unique name assigned by you)	Type of Structure †	GPS: Latitude Ex: 34.123456		GPS: Longitude Ex: -92.123456	Square Feet
3						
Bldg. 1						
Bldg. 2						
Bldg. 3						

† Type of structure may be a warehouse, commercial garage, barn, etc.

10) STORAGE/HANDLING LOCATIONS (For desired storage or handling locations only – **handling fees may apply, \$100 per location**)

Enter “Location ID” information for requested STORAGE or HANDLING street addresses below. Unique Location ID names are assigned by you, the applicant, for example: “STORAGE 1,” “LABORATORY,” etc. Attach labeled aerial Location ID maps of each address listed. Attach copies of this page if you have more than three storage or handling street address locations. Refer to the latest *Application Instructions Packet* posted on the hemp program’s website for additional help.

- Storage or Handling Location IDs are considered any building or structure where raw hemp materials will be stored or dried, including immediately after harvest.
- **Living/growing/rooted plants are ONLY permitted to be in the possession of a licensed Grower.**

a) Enter information for requested Storage or Handling Location ID(s) below. Be sure to include a unique Location ID name (determined by you) and six-digit “decimal degrees” GPS coordinates for each individual Storage Location ID. If approved, Location ID names will appear on your License Certificate.

Storage Site	Storage 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 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 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 warehouse, commercial garage, barn, etc.

11) Have you attached an “aerial Location ID map” for each requested Location ID listed on pages 6-7 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

12) 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

13) Are any of the Location IDs requested on Pages 6 – 7 rented or leased by someone other than the applicant?

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

13a) If "YES" to Question 13:

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 NO

14) 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: _____

15) 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.

Contact Name: _____ Contact Phone: _____

Contact Email: _____ County: _____

16) 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.

[Empty box for providing details of convictions]

➤ SECTION V – Terms & Conditions for Licensure

Arkansas Hemp Processor/Handler 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.

17) 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 _____

18) 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 _____

19) 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 _____

20) 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 _____

21) 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 _____

22) 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 _____

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

- **Processor/Handler Production Report** – due by December 15th annually for all licensed processor/handlers.
- **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_____

24) 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_____

25) 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_____

26) 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_____

27) 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_____

28) 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_____

29) 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 _____

30) 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 _____

31) 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.

X _____

32) 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. 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 _____

33) 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 _____

34) 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 _____

35) Manufactured Products: I acknowledge that the Program reserves the right to test any finished products manufactured or processed under my license, as deemed necessary by the Department and permitted by Program Rules, to ensure compliance with applicable standards. I further acknowledge and agree that it is my sole responsibility to obtain, maintain, and comply with any required food safety permits, hemp consumption product registrations, or other licenses mandated by the jurisdiction in which the finished product is processed, manufactured, or sold.

X _____

36) 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_____

37) 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_____

38) 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 processing, handling, or storage of hemp, and to comply with all Department directives regarding the disposal or transfer of hemp materials.

X_____

39) Prohibition Noncompliant Cannabis Varieties: Licensed hemp operators in Arkansas are not permitted to purchase or process cannabis varieties that are classified as noncompliant with the federal definition of acceptable hemp THC levels. Purchasing or processing noncompliant cannabis varieties 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 purchasing or processing noncompliant cannabis varieties, including those exceeding the acceptable hemp THC level, are 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 *Processor/Handler 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 of the hemp research you are interested in conducting.
- REQUIRED:** Labeled aerial “Location ID” map(s) for each requested 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



**PLANT INDUSTRIES
DIVISION**