



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

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LDAF Industrial Hemp Program
Key Participant Disclosure Form

This form must be completed and submitted with each business entity application.

1. Business Entity Information

If completing this form electronically, navigate the form with the mouse or select the next field using the down arrow key.

Table with 2 columns: Field Name (Name of Business Entity, Name of Applicant, Physical Address of Business, City, State & Zip) and empty input area.

2. List the names, titles and email addresses of ALL key participants in the table below.

NOTE: A Key Participant is a sole proprietor, a partner in partnership, or a person with executive managerial control in a corporation. A person with executive managerial control includes persons such as a chief executive officer, chief operating officer and chief financial officer. This definition does not include non-executive managers such as farm, field, or shift managers.

Table with 2 columns: Key Participant (1-4) and fields for Name, Title, and Email Address.

3. Attach sheets as necessary for additional key participants. If additional sheets are attached, indicate total number of sheets attached: \_\_\_\_\_

I hereby verify and affirm that all of the information contained on this form is true and accurate. I understand that if LDAF later determines any of this information to be false or inaccurate, the industrial hemp license may be withheld or revoked.

Signature of applicant

Printed Name

Date