

Michigan Department of Agriculture and Rural Development



P.O BOX 30776
 LANSING MI 48909-8276
 Phone: 517-284-5771 Email: mdard-clu@mdard.michigan.gov
HEMP PROCESSOR-HANDLER LICENSE APPLICATION
 In Accordance with Public Act 641 of 2018

New Application No Longer Needed

STEP 1: BUSINESS INFORMATION		
Business Name:		
Business Address:		
City:	State:	Zip:
Phone Number:	Email Address:	
		Office Use Only
Ownership Type: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Individual		
<input type="checkbox"/> Joint Tenant <input type="checkbox"/> Other		Federal Identification #:
Mailing Address (If different from Business Address)		
Address:		
City:	State:	Zip:
STEP 2: CONTACT INFORMATION - List all contact(s) owning in excess of 10% stock or equity		
Contact Name:		Title:
Date of Birth:		Email Address:
Contact Name:		Title:
Date of Birth:		Email Address:
STEP 3: REGISTRATION/LICENSE INFORMATION		
LOCATION ADDRESS (City, State, Zip, County)		GPS Coordinates

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STEP 4: ACKNOWLEDGMENTS		
<input type="checkbox"/> I acknowledge that all physical addresses of the location(s) to be used for processing, handling, brokering, or marketing hemp must be submitted with this application. This application constitutes written consent by the applicant to allow MDARD personnel access to any processor-handler locations as deemed necessary by MDARD for inspection, sampling and testing. Any changes to physical addresses used in the growing or processing of hemp shall be approved in writing by MDARD prior to that location being legally permitted for use.		
<input type="checkbox"/> I acknowledge that any finished products produced as part of this project which are to be marketed and sold will comply with all applicable laws, regulations and requirements of any governmental agency or other regulating authority.		
<input type="checkbox"/> I consent to release of my name, email, and phone number to another person authorized by the department.		
Applicant Name (Print):	Applicant Signature:	Date:
STEP 5: ATTACHMENTS		
<input type="checkbox"/> Additional Contacts	<input type="checkbox"/> Additional Locations	<input type="checkbox"/> Maps
STEP 6 : HEMP PROCESSOR-HANDLER LICENSE FEE - <i>Make check/money orders payable to the State of Michigan</i>		
Nonrefundable Hemp Processor-Handler License Fee \$1350.00	ASC Hot Key (<i>mdard use only</i>): 1602	

I hereby verify and affirm that all information contained in this application is true and accurate.

Applicant Name (Print):	Applicant Signature:	Date: