

Iowa Tribe of Kansas and Nebraska Department of Agriculture Industrial Hemp Program

Grow Site Registration

Producer Information:

First Name	Last Name			Middle Initial			
Address of Residence							
City	State	Zip	County				
Phone Number	Alternate Phone Number						
Email Address							
Grow Site Information: (Hemp location(s) at Grow Site, list each separately) If hemp is to be produced or is intended to be produced in a field please list GPS coordinates taken at the approximate center of the grow site. If hemp is to be produced or is intended to be produced in a greenhouse or indoor facility list GPS coordinates taken at the approximate entrance.							
Grow Site Name							
Street Address	Area Type Greenhouse / Indoor Field						
City	State	Zip	County				
Intended Use: Flower Grain Fiber Biomass Other							
Size (Specify acres or sq. ft.)							
List Global Positioning System (GPS) coordinates in decimal form. (Example: 39°59'33.8"N 95°22'07.1"W)							
Longitude Latitude							
Grow Site Name							
Street Address	Area Type Greenhouse / Indoor Field Greenhouse / Indoor I						
City	State	Zip	County				
Intended Use: Flower Grain Fiber Biomass Other							
Size (Specify acres or sq. ft.)							
List Global Positioning System (GPS) coordinates in decimal form. (Example: 39°59'33.8"N 95°22'07.1"W)							
Longitude	Latitude						

Grow Site Registration Application	gistration Application Applicant Name:					
Grow Site Name						
Street Address	Area Type	Area Type Greenhouse / Indoor Field				
City	State	Zip		County		
Intended Use: Flower ☐ Grain ☐ F	Fiber Biom	ass D Ot	her \square			
Size (Specify acres or sq. ft.)	iber 🔛 Bioin					
List Global Positioning System (GPS) coordinates in	decimal form. (E)		3.8"N 95°2	22'07.1"W)		
Longitude	Latitude					
Acknowledgements and Signature By submitting an application, the Applicant acknowledge	es and agrees to t	he following mir	nimum tern	ns and conditions:		
 Any information provided to the Iowa Tribe of Kansfurther notice to the Applicant; 	as and Nebraska r	may be provided	to law enfo	prcement agencies without		
The Applicant shall allow and fully cooperate with a Nebraska Industrial Hemp Department or one of its				Iowa Tribe of Kansas and		
 The Applicant shall pay for the inspection and labor Hemp Department deems necessary within thirty (required to pay for more than one (1) Industrial Hen 	(30) days of the da	te of the invoice,	provided t	hat the Applicant shall not be		
The Applicant shall submit all required reports by the state of t	he applicable due-	date specified by	y Industrial	Hemp Department;		
 All key participants shall submit fingerprints and pa Nebraska Industrial Hemp Department or other age 						
The Applicant must report any felony convictions re Tribe of Kansas and Nebraska Industrial Hemp Dep						
I hereby verify and affirm that all of the information conta Tribe of Kansas and Nebraska Department of Agriculture Hemp Production License may be withheld, revoked, or to	later determines a					
Applicant Signature				 Date		