



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

**Producer Registration  
Application**

Length of License:  
One Year   
Three Year

**Producer Information:**

First Name		Last Name		Middle Initial
Address of Residence				
City		State	Zip	County
Phone Number		Alternate Phone Number		
Email Address				

**Business/Entity:** Not Applicable - filing as an individual

*Please include with this application a Certificate of Good Standing from the state or territory in which your business is located*

Farm/Business Name		Alternate Business Name/DBA		
Mailing Address				
City		State	Zip	County
Physical Address				
City		State	Zip	County
Phone Number		Alternate Phone Number		
Email Address		Employer Identification Number (EIN)		

Entity Type

Sole Proprietorship  Partnership  Limited Partnership  LLC  C-Corp  S-Corp  Non-profit Org.

Cooperative (Co-op)  Other:

**Signing Authority for Business Entities**

*The named person below is authorized to sign all documents submitted on the entity's behalf to the Iowa Tribe of Kansas and Nebraska Industrial Hemp Department. Future changes to this authorization must be submitted to the ITKN Industrial Hemp Department.*

First Name		Last Name		Middle Initial
Title	Email		Contact Phone	
Mailing Address				
City		State	Zip	County

# Producer Registration Application

Applicant Name: \_\_\_\_\_

## Background Checks / Key Participants

All Key Participants must be listed. Key Participants means a sole proprietor, a partner in a 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, or any person authorized to exercise control over the registered business, incur debt or similar obligations on behalf of the registered business, or enter into a contract or similar obligations on behalf of the registered business. This definition does not include non-executive managers such as farm, field, or shift managers.

<b>Applicant</b>	First Name	Last Name	TCN
	Email		Title
<b>Key Participant 1</b>	First Name	Last Name	TCN
	Email		Title
<b>Key Participant 2</b>	First Name	Last Name	TCN
	Email		Title
<b>Key Participant 3</b>	First Name	Last Name	TCN
	Email		Title
<b>Key Participant 4</b>	First Name	Last Name	TCN
	Email		Title
<b>Key Participant 5</b>	First Name	Last Name	TCN
	Email		Title
<b>Key Participant 6</b>	First Name	Last Name	TCN
	Email		Title
<b>Key Participant 7</b>	First Name	Last Name	TCN
	Email		Title
<b>Key Participant 8</b>	First Name	Last Name	TCN
	Email		Title
<b>Key Participant 9</b>	First Name	Last Name	TCN
	Email		Title
<b>Key Participant 10</b>	First Name	Last Name	TCN
	Email		Title

All key participants are listed above.

Additional key participants are included in supporting documents.

**Producer Registration Application**

Applicant Name: \_\_\_\_\_

**Fee and Payment Information****Application Fee: 100.00 (Non-Refundable. Does not apply to Producer Registration Fee.)**

	<b>Annual Fee</b>	<b>Fees Submitted</b>
<input type="checkbox"/> <b>One Year Term - Industrial Hemp Producer Registration</b>	\$400.00	\$ _____

Registrations for Producing Industrial hemp are valid for a one-year term beginning January 1, 2020 and ending December 31, 2020 unless revoked or suspended. Fees cannot be pro-rated and are non-refundable once a registration has been issued.

	<b>Annual Fee</b>	<b>Fees Submitted</b>
<input type="checkbox"/> <b>Three Year Term - Industrial Hemp Producer Registration</b>	\$1000.00	\$ _____

Registrations for Producing Industrial hemp are valid for a three-year term beginning January 1, 2020 and ending December 31, 2022 unless revoked or suspended. Fees cannot be pro-rated and are non-refundable once a registration has been issued.

Signature:	Title:	Date:
Print Owner's Name:		Date of Birth: / /

**For checks or Money Orders, mail (USPS only) to:**  
**Iowa Tribe of Kansas and Nebraska**  
**Department of Agriculture**  
**3345 B Thrasher Rd.**  
**White Cloud, KS 66094**

**For Credit Card Charges, mail (USPS only) or Fax to:**  
**Iowa Tribe of Kansas and Nebraska**  
**Department of Agriculture**  
**3345 B Thrasher Rd.**  
**White Cloud, KS 66094**  
**Secure Fax: (785) 595-3347**  
**DO NOT EMAIL CREDIT CARD INFORMATION**

**Make checks payable to Iowa Tribe of Kansas and Nebraska Department of Agriculture. All dishonored checks or electronic payments will incur \$25 administrative fee.**

**For Discover, Visa, or Mastercard charges: Complete the following information:**

Name of Cardholder:		Phone:	
Address of Cardholder:		City:	Zip:
Signature:		Total Charges: \$	
Card Number: / / /		Expiration Date: /	

**A receipt is available by email or fax for credit card payments ONLY.**

If you would like to receive a receipt provide an email address here: \_\_\_\_\_

Or a fax number here: \_\_\_\_\_

**Acknowledgements and Signature**

- By signing this document the following are understood by the applicant, key participants, and the person/s represented by the applicant and agrees that:
- Signing this document does not constitute an approval by the Iowa Tribe of Kansas and Nebraska Department of Agriculture
- You may not possess or obtain viable hemp, including propagules and seed, until you have a valid Producer Certificate of Approval / License from the Iowa Tribe of Kansas and Nebraska
- Registered Producers cannot sell, distribute, or offer for sale any viable hemp, including propagules and seed, without a valid Producer Certificate of Approval / License.
- The Department may enter any field, facility or greenhouse used for production or handling of industrial hemp or agricultural hemp seed for inspections, sampling, and testing, and may take samples of the crop, including agricultural hemp seed, as necessary for compliance of the industrial hemp rules and regulations.
- Registered Producers are responsible for all costs accrued as a result of industrial hemp production, including but not limited to sampling, testing, inspection, and destruction fees.
- Registered Producer are to provide all necessary reports to the Department's staff as described in the Department's rules and regulations.
- Registered Producers must report planting, harvesting, and disposal to the Iowa Tribe of Kansas and Nebraska Department of Agriculture and Farm Service Agency (FSA) as required.
- Registered Producer consent to the destruction of any industrial hemp crop which tests in excess of 0.3% Total THC following testing by the Department or an approved laboratory as described in the Department's rules and regulations.
- Any information provided to the Department may be publicly disclosed and will be provided to law enforcement agencies without notice to the applicant.
- Upon request from any Department staff, the Iowa Tribal Police Department, or other state or local law enforcement, the Registered Producer must immediately provide a copy of their Industrial Hemp Producer Certification / License.
- The information provided is true and correct and the applicant's signature is an attestation of that fact.
- All fees lawfully due to the Department are timely paid including the \$100 non-refundable application fee, and either the one-year term registration or three-year term registration.
- All physical addresses and GPS coordinates of the location(s) to be used to grow, handle, or store industrial hemp must be submitted with this application.
- That an application is not finished and will not be processed until all necessary documents are received and all background checks are completed.
- If an application expires, the applicant must resubmit all documentation and associated fees.
- A complete application includes the following:
  - Producer Registration Application;
  - Detailed map(s) of all registered areas used for industrial hemp production, storage, or handling;
  - Completed Criminal History Background Checks from Iowa Tribal Police Department;
  - Supplemental Parcel or Information Sheets, if applicable;
  - A nonrefundable fee of One Hundred Dollars (\$100) for each application.
  - Certificate of Good Standing, if applicable.

*I hereby verify and affirm that all of the information contained in this application is true and accurate. I understand that if the Iowa Tribe of Kansas and Nebraska Department of Agriculture later determines any of this information to be inaccurate, the Industrial Hemp Production License may be withheld, revoked, or terminated.*

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Applicant Signature

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Date