



NEBRASKA DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH PROTECTION
P.O. BOX 94756
LINCOLN, NE 68509-4756

www.nda.nebraska.gov/hemp
402-471-2351

NEBRASKA HEMP FARMING ACT
2024 Processor-Handler License Application
READ GUIDANCE PRIOR TO FILLING OUT
APPLICATION

Are you renewing a current license? If so, please provide current license number: _____

FULL NAME of applicant/designee:

BUSINESS NAME (only if applying as a business):

BIRTHDATE of applicant/designee (must be 18 years of age to apply): ____/____/____

MAILING ADDRESS of applicant (address, city, state, and zip code):

CONTACT INFORMATION of applicant/designee:
Phone (mobile or landline): _____
Email (will be posted on NDA website): _____
Email (for NDA communication if different from above): _____

FBI IDENTITY HISTORY SUMMARY CHECK (MUST BE SUBMITTED WITH APPLICATION):

- See application guidance for instructions
- No felony drug convictions in the last 10 years allowed
- Identity History Summary Checks must be completed within 60 days prior to application submission and **submitted with the application** for the applicant/designee and each owner in excess of 10%.

ANNUAL FEES:

Application fee and site registration fee(s) are due with application. Submit the application with a check for the full amount (application fee plus site registration fee(s)) or fill out page 6 with credit card information. See application guidance for delinquent fee information.

Application Fee: \$150 per applicant (nonrefundable, must be submitted with application)
Processor-Handler Fee: \$1200 per site (must be submitted with application)

CERTIFICATIONS: Applicant must read, understand, and agree to the following by checking each box.

- Applicant has not been convicted of a drug-related felony within the last 10 years
- Applicant has legal control over the site(s)
- Applicant agrees to comply with all applicable requirements of the Nebraska Hemp Farming Act, including, but not limited to:
 - Providing the Nebraska Department of Agriculture (NDA) and law enforcement unlimited access to the site(s) for inspections which includes having an authorized person available on-site during NDA inspections
- Applicant understands their own risk and that NDA will not provide compensation for financial loss
- Applicant understands NDA's issuance of a license is NOT an authorization to violate any state or federal law

MAPPING OF SITES: *Map(s) must be attached.*

A **color** map is required for each site listed on this application with the following details printed on map:

- Site number in top right corner
- Location ID for each building within site (see application guidance for details)
- Mobile processor-handlers should register primary place of business

SITE(S) INFORMATION - Must be in NEBRASKA; each site is defined by single legal description.

Label site numbers sequentially. This page may be duplicated for additional sites. You should retain a copy of this page and all maps for your records.

Site # ____: Type of processing or handling (check all that apply):

- Extraction Decortication Analytical Testing Drying/Storage Other _____

Address of Site(s): _____

Legal Description (Section, Township and Range):

GPS Coordinate(s): Location ID: _____ N _____ W _____
Location ID: _____ N _____ W _____
Location ID: _____ N _____ W _____
Location ID: _____ N _____ W _____
Location ID: _____ N _____ W _____

Site # ____: Type of processing or handling (check all that apply):

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GPS Coordinate(s): Location ID: _____ N _____ W _____
Location ID: _____ N _____ W _____
Location ID: _____ N _____ W _____
Location ID: _____ N _____ W _____
Location ID: _____ N _____ W _____

ATTESTATION:

If applying as a business entity:

- Applicant uses a federal immigration verification system authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a to determine the work eligibility status of new employees physically performing services within the State of Nebraska;

If applying as an individual:

- I am a Citizen of the United States; OR
- I am a qualified alien under the Federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

I am at least 18 years of age. I hereby attest that my response and the information provided on this form, and any related application for public benefits are true, complete, and accurate; and I understand that this information may be used to verify my lawful presence in the United States.

SIGNATURE OF APPLICANT:

Printed name

Signature

Date of Signature

PLEASE REVIEW APPLICATION GUIDANCE DOCUMENT BEFORE SUBMISSION

BUSINESS NAME: _____

BUSINESS EMPLOYER IDENTIFICATION NUMBER (EIN): _____

PRINCIPAL BUSINESS ADDRESS: _____

List of all officers, directors, partners, members, or owners owning in excess of 10% of equity or stock must be listed on this form. The FBI Identity History Summary Check must be attached to the application for each individual listed below.

1) **FULL NAME AND TITLE:** _____

BIRTHDATE: ____/____/____

CONTACT INFORMATION:

Phone (mobile or landline): _____

Email: _____

2) **FULL NAME AND TITLE:** _____

BIRTHDATE: ____/____/____

CONTACT INFORMATION:

Phone (mobile or landline): _____

Email: _____

3) **FULL NAME AND TITLE:** _____

BIRTHDATE: ____/____/____

CONTACT INFORMATION:

Phone (mobile or landline): _____

Email: _____

4) **FULL NAME AND TITLE:** _____

BIRTHDATE: ____/____/____

CONTACT INFORMATION:

Phone (mobile or landline): _____

Email: _____

5) **FULL NAME AND TITLE:** _____

BIRTHDATE: ____/____/____

CONTACT INFORMATION:

Phone (mobile or landline): _____

Email: _____

6) **FULL NAME AND TITLE:** _____

BIRTHDATE: ____/____/____

CONTACT INFORMATION:

Phone (mobile or landline): _____

Email: _____

7) **FULL NAME AND TITLE:** _____

BIRTHDATE: ____/____/____

CONTACT INFORMATION:

Phone (mobile or landline): _____

Email: _____

8) **FULL NAME AND TITLE:** _____

BIRTHDATE: ____/____/____

CONTACT INFORMATION:

Phone (mobile or landline): _____

Email: _____

9) **FULL NAME AND TITLE:** _____

BIRTHDATE: ____/____/____

CONTACT INFORMATION:

Phone (mobile or landline): _____

Email: _____

10) **FULL NAME AND TITLE:** _____

BIRTHDATE: ____/____/____

CONTACT INFORMATION:

Phone (mobile or landline): _____

Email: _____

Credit Card Payment Form

By filling out this form, you consent to your card being charged the \$150 application fee in addition to \$1200 FOR EACH SITE listed on this application (for one site you will be charged \$1350 total, for two sites you will be charged \$2550 total, for three sites you will be charged \$3750 total, etc.). You will receive an e-mail regarding the status of your application after it is received and reviewed.

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Visa/Mastercard/Discover Card Number: _____

Expiration Date: _____ Three-Digit Verification Code (on back of card): _____