



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Plant Industry

APPLICATION FOR LICENSE TO CULTIVATE HEMP

Section 581.217, F.S., 5B-57.014(4), F.A.C
Post Office Box 147100, Gainesville, FL 32614-7100 / (352)395-4700

Return This Form:
DPIHemp@FDACS.gov

or

FDACS - DIVISION OF PLANT
INDUSTRY
P.O. BOX 147100
GAINESVILLE, FLORIDA
32614-7100

THIS SECTION TO BE COMPLETED BY STATE OFFICIAL		
License Number:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Conditions:
Expiration Date:	Signature: _____	
	Title: _____ Date: _____	

New Application Renewal Application _____
Hemp License Number

Applicant Information:

Business Name and EIN (if applicable): _____

Responsible Person Name: _____
First Middle Last

Responsible Person Address: _____
Street or PO Box City State Zip Code

Responsible Person Email Address: _____

Responsible Person Phone: _____

Check All That Apply:

HEMP PLANT CULTIVATION FOR COMMERCIAL PRODUCTION AND HARVESTING

Intended marketable part of the plant	<input type="checkbox"/> Seed
	<input type="checkbox"/> Fiber
	<input type="checkbox"/> Oil

HEMP NURSERY PLANT CULTIVATION FOR PLANT DISTRIBUTION TO HEMP GROWERS

Nursery Registration number: _____

Cultivation Location(s):

Provide the address, legal land description, tax parcel number, and GPS coordinates for each location where hemp will be cultivated. Use ADDITIONAL CULTIVATION LOCATION section on page 4 for each additional cultivation location.

Address: _____
Street City State Zip Code

Legal Land Description: _____

Tax Parcel Number: _____

GPS coordinates: _____

Outside planting (acres): _____

Inside planting (square feet): _____

Cultivation Location is (check all that apply):

- Classified Agricultural pursuant to s. 193.461, F.S.
- Zoned for Agricultural Use
- Zoned for Industrial Use
- A Nursery as defined in s. 581.011, F.S.

Storage Location for Harvested Hemp:

Provide the address and GPS coordinates where any harvested hemp will be stored for inspection.

Address: _____
Street City State Zip Code

GPS coordinates: _____

The applicant must submit a full set of fingerprints for the Responsible person and each Control person(s) submitted through a Livescan services provider evaluated by the Florida Department of Law Enforcement for state and national processing to the Department ORI number FL925080Z.

DISCLOSURE OF CRIMINAL CONVICTIONS Pursuant to s. 581.217, F.S., and Rule 5B-57.014, F.A.C., providing the Department with false or misleading information subjects an applicant to revocation or denial of a license to cultivate hemp.

- The Responsible person and any Control person(s) has not been convicted of a felony relating to a controlled substance under state or federal law within the previous ten years.

The applicant must submit an environmental containment plan for each Lot.

- Included with this application is a copy of my environmental containment plan for each Lot.

Sign Your Application:

I certify that I will comply with all conditions above and with the requirements of s. 581.217, F.S., and Rule 5B-57.014, F.A.C.

Responsible person signature: _____ Date: _____

Print Name: _____

Responsible person and Control person(s):

Provide the following information for the Responsible person and each Control person(s) as defined in Rule 5B-57.014, F.A.C. Submit multiple copies of this page if more space is needed.

Responsible person Name: _____
First Middle Last

Responsible person Address: _____
Street or PO Box City State Zip Code

Email Mailing Address: _____

Phone: _____

Livescan Information:

Date submitted (MM/DD/YYYY):		Livescan Reference Number:		Date of Birth (MM/DD/YYYY):	
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Control person Name: _____
First Middle Last

Control person Address: _____
Street or PO Box City State Zip Code

Email Mailing Address: _____

Phone: _____

Livescan Information:

Date submitted (MM/DD/YYYY):		Livescan Reference Number:		Date of Birth (MM/DD/YYYY):	
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Control person Name: _____
First Middle Last

Control person Address: _____
Street or PO Box City State Zip Code

Email Mailing Address: _____

Phone: _____

Livescan Information:

Date submitted (MM/DD/YYYY):		Livescan Reference Number:		Date of Birth (MM/DD/YYYY):	
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Control person Name: _____
First Middle Last

Control person Address: _____
Street or PO Box City State Zip Code

Email Mailing Address: _____

Phone: _____

Livescan Information:

Date submitted (MM/DD/YYYY):		Livescan Reference Number:		Date of Birth (MM/DD/YYYY):	
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ADDITIONAL CULTIVATION LOCATION(S)

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32614-7100

Additional Cultivation Location(s):

Provide the address, legal land description, tax parcel number, and GPS coordinates for each location where hemp will be cultivated. Each additional growing location must include the required information below. Submit multiple copies of this page if more space is needed.

Business Name (if applicable): _____

Address: _____
Street City State Zip Code

Legal Land Description: _____

Tax Parcel Number: _____

GPS coordinates: _____

Outside planting (acres): _____

Inside planting (square feet): _____

Cultivation Location is (check all that apply):

- Classified Agricultural pursuant to s. 193.461, F.S.
- Zoned for Agricultural Use
- Zoned for Industrial Use
- A Nursery as defined in s. 581.011, F.S.

Storage Location for Harvested Hemp:

Provide the address and GPS coordinates where any harvested hemp will be stored for inspection.

Address: _____
Street City State Zip Code

GPS coordinates: _____

Address: _____
Street City State Zip Code

Legal Land Description: _____

Tax Parcel Number: _____

GPS coordinates: _____

Outside planting (acres): _____

Inside planting (square feet): _____

Cultivation Location is (check all that apply):

- Classified Agricultural pursuant to s. 193.461, F.S.
- Zoned for Agricultural Use
- Zoned for Industrial Use

A Nursery as defined in s. 581.011, F.S.

Storage Location for Harvested Hemp:

Provide the address and GPS coordinates where any harvested hemp will be stored for inspection.

Address: _____
Street City State Zip Code

GPS coordinates: _____

Sign Your Application:

I certify that I will comply with all conditions above and with the requirements of s. 581.217, F.S., and Rule 5B-57.014, F.A.C.

Responsible person signature: _____ Date: _____

Print Name: _____