



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 Cultivator 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 all key participants

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 7 with credit card information. See application guidance for delinquent fee information.

Application Fee:	\$150 per applicant (nonrefundable, must be submitted with application)
Cultivator Fee:	\$600 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 and Nebraska State Hemp Plan, 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
 - Disposing of hemp that is noncompliant onsite
 - Paying for all sampling and testing of the hemp, including reimbursements to NDA
- 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
- Entrances
- Field Boundaries
- Location ID for each planting, drying, or storage area within site (see application guidance for details)

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 hemp (select most appropriate): Flower/Cannabinoids Fiber Grain Seed

Number of acres (outdoor) or square feet (indoor) for cultivation: _____

Address of Site(s): _____

(If there is no address assigned, indicate nearest intersection)

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 _____

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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: _____

All key participants 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: _____

Privacy Act (PA) Information Release Request Data
(Release of information to Nebraska Department of Agriculture)

This document is a release that will allow the Nebraska Department of Agriculture (NDA) to access the FSA-578 for hemp producers. This will allow NDA to verify that hemp crops have been reported to the USDA Farm Service Agency (FSA) as required by the Nebraska State Hemp Plan. Hemp crops not reported to the FSA will not be eligible for harvest and must be reported to the FSA prior to the pre-harvest sampling inspection.

Full Name of Individual consenting to disclose records:

Grantor*: _____

Current Address: _____

Last four digits of Grantor's Social Security Number**: _____

Authorization to Release Information to a Third Party

This section is to be completed by the individual (grantor) who is authorizing Farm Service Agency (FSA) information related to himself or herself to be released to a Third Party.

Certification: I authorize the USDA, FSA to release information related to me as specified to the Nebraska Department of Agriculture for the 2023 program year.

FSA/CCC (Commodity Credit Corporation) current program records as specified:

FSA-578 producer print and associated maps and farm ownership/operator and lease arrangements

Applicable to the farm numbers as specified: All my farms Specified farm number(s) _____

Signature of Grantor _____

- * Name of individual who is granting disclosure of his/her records.
- ** You are asked to provide the last four digits of your social security number only to facilitate the identification of the records related to you.

Credit Card Payment Form

By filling out this form, you consent to your card being charged the \$150 application fee in addition to \$600 FOR EACH SITE listed on this application (for one site you will be charged \$750 total, for two sites you will be charged \$1350 total, for three sites you will be charged \$1950 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): _____