

WI Department of Agriculture, Trade and Consumer Protection

Division of Agricultural Resource Management

Bureau of Plant Industry

Box 93598, Milwaukee WI 53293-0598

Phone: (608) 224-4574 Fax: (608) 224-4656

Wisconsin Industrial Hemp Pilot Program Grower Application (Wis. Stat. §94.55

Wis. Admin. Code ATCP 22) For the registration period ending May 1, 2018

SECTION 1 - BUSINESS AND CONTACT INFORM	MATION											
LEGAL NAME OF APPLICANT(S)			PHONE (Primary): () -			PHONE (Alternate): () -						
DOING BUSINESS AS NAME OR TRADE NAME		APPLICANT E-MAIL		FAX:		_						
NAME OF OPERATIONS MANAGER (NOTE: Back	Required)	OPERATIONS MANAGER E-MA		AGER E-MAIL	PHONE (Operations Manager):							
OPERATIONS MANAGER ADDRESS			CITY			STATE	ZIP					
BUSINESS HEADQUARTERS COUNTY												
BUSINESS HEADQUARTERS ADDRESS		CITY			STATE	ZIP						
MAILING ADDRESS (if different than business hea	ss)	CITY	YTK			ZIP						
APPLICANT TYPE - CHECK ONE												
☐ Individual / Sole Proprietor ☐ Legally Formed Business Entity - State of Formation (please specify):												
SECTION 2 – INDUSTRIAL HEMP FIELD / GREENHOUSE LOCATION(S) (If you have more than two locations, please use additional sheets for the location information and attached maps.) FIRST FIELD / GREENHOUSE LOCATION												
LOCATION NAME	COUNTY	VTNUC			TOWN OR MUNICIPALITY							
STREET ADDRESS OR NEAREST ROAD IF NO ADDRESS:			CITY				ATE	ZIP				
FIELD OR GREENHOUSE CENTER GPS POINT (Latitude and Longitude, in decimal degrees):					ACREAGE (convert greenhouse sq. ft. to acres using 43,560 sq. ft. = 1 acre)							
EXACT ROAD DIRECTIONS TO FIELD OR GREENHOUSE (from a major intersection, attach plat maps or other maps on a separate sheet)												
PLEASE SPECIFY WHETHER YOU OWN OR LEASE THIS PROPERTY (please fill in owner information below if leased)												
			/NER PHONE: PROPERTY			OWNER EMAIL:						
SECOND FIELD / GREENHOUSE LOCATION												
LOCATION NAME	COUNTY		TOWN OR MI			JNICIPALITY						
STREET ADDRESS OR NEAREST ROAD IF NO ADDRESS:			CITY		ST	ATE	ZIP					
FIELD OR GREENHOUSE CENTER GPS POINT (Latitude and Longitude, in decimal degrees): ACREAGE (convusing 43,560 sq.						nvert greenhouse sq. ft. to acres q. ft. = 1 acre)						
EXACT ROAD DIRECTIONS TO FIELD OR GREENHOUSE (from a major intersection, attach plat maps or other maps on a separate sheet)												
PLEASE SPECIFY WHETHER YOU OWN	OR LEASE 🗌	THIS PROPERTY	(please fill	l in owner	information belo	w if leas	ed)					
NAME OF PROPERTY OWNER (if different from Applicant): PROPERTY OWNER PHONE: PROPERTY OWNER EM.						MAII	<u>:</u>					
SECTION 3 – SUMMARY INFORMATION												
ARE YOU PLANNING TO GROW INDUSTRIAL HEMP IN 2018? Yes (please complete summary information below and submit an initial application fee plus an annual registration fee)												
☐ No (submit initial application fee only, no annua TOTAL NUMBER OF FIELDS:	TOTAL FIELD ACREAGE:											
TOTAL NUMBER OF GREENHOUSES:	TOTAL GREENHOUSE ACREAGE (convert greenhouse sq. ft. to acres using 43,560 sq. ft. = 1 acre):											
	•											

SECTION 4 -SEED INFORMA						
ARE YOU PLANTING CERTIF		- -				
WHICH SEED VARIETIES ARI				If b th	(
PLANNED SOURCE(S) OF SE sheets with the information indi		LES, OR PLANT	S (Please specify if K	nown. If you have more the	an three sour	ces, please attach additional
NAME	ADDRESS, CIT	Y, STATE, Z	IP PHONE	EM	MAIL:	
			()	-		
			()	_		
			()			
			()	-		
SECTION 5 -APPLIED RESEA			_			
Are you affiliated with a colle	ge or university?		☐ Yes (p	lease name the institution):		□ No
Have you grown or processe program?	d industrial hemp	in another state	e's pilot Yes (p	lease specify which state(s)):	☐ No
APPLIED RESEARCH DESCR	RIPTION (check al	I that apply):				
☐ Nutrient Inputs			☐ Storage			
☐ Harvesting Techniques, Equipment Planting Techniques, Equip		J	☐ Soils	my (precipitation, GDD, etc	. 1	
☐ Variety Trials	ment and rinning			iber, floral, replication of se		ative planting stock)
☐ Insects, Diseases, and Wee	ds		Other (please e	•	J	
☐ Crop Rotations						
RESEARCH SUMMARY (please	se provide an ove	rall summary o	f the hemp research	you are conducting belo	w, attach ad	ditional pages if needed):
APPLIED RESEARCH AGREE						
Additional terms and condition application.	ons for the Growe	r License are sp	pecified in the resea	rch agreement, which mu	ıst be signed	I and submitted with this
☐ Research Agreement Attach	ned					
PROCESSING INFORMATION	l (check all that a	pply):				
☐ Will process own hemp on s	site (processor licer	nse not required)		er growers' hemp to process		
☐ Unknown at this time				ite licensed processor (ple	ase name if k	.nown):
SECTION 6 - LICENSE FEE /						
Based on the definitions below, plea grow hemp in 2018. See Wis. Admi		ise fee table. Mark	the correct fee for your	nitial application fee/license, as	s well as an anr	nual registration IF you intend to
DEFINITIONS:						
Industrial Hemp Grower – Plants, Total Acreage – Total hemp acreage				re footage). This should equal.	the sum of the	totals reported in Section 4
Grower Agreement – This docume	nt must be completed	d and signed by the	department and applica	nt and submitted at the time of	application.	totale reported in George in
Background Check Form – This fo						_
TABLE 1) Industrial Hemp G		cation Fee	,	ial Hemp Grower Annual		Fee
TOTAL ACREAGE	FEE		ANNUAL REGISTI	KATION	FEE	
0 - 30 acres	\$150		_			
31 -199 acres	\$5/acre		Only Remit if Growing in the Current Year		\$350	
200 acres or more	\$1,000			T		
NOTE: The Initial Application Fee for	·	·		FEE AMOUNT FROM T	ABLE 1 ABO	VE
regardless of whether or not a licens program, visit our website:						