



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 Processor Application (*Wis. Stat. §94.55*
Wis. Admin. Code ATCP 22) For the registration period ending May 1, 2018

SECTION 1 - BUSINESS AND CONTACT INFORMATION			
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: Background Check Required)	OPERATIONS MANAGER 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 headquarters address)	CITY	STATE	ZIP
APPLICANT TYPE - CHECK ONE			
<input type="checkbox"/> Individual / Sole Proprietor		<input type="checkbox"/> Legally Formed Business Entity - State of Formation (please specify):	
SECTION 2 - INDUSTRIAL HEMP PROCESSING LOCATION(S) (If you have more than two locations, please use additional sheets for the location information and attached maps.)			
FIRST PROCESSING LOCATION			
LOCATION NAME	COUNTY	TOWN OR MUNICIPALITY	
STREET ADDRESS:	CITY	STATE	ZIP
PROCESSING LOCATION GPS POINT (Latitude and Longitude, in decimal degrees):			
EXACT ROAD DIRECTIONS TO PROCESSING LOCATION (from a major intersection, attach plat maps or other maps on a separate sheet)			
PLEASE SPECIFY WHETHER YOU OWN <input type="checkbox"/> OR LEASE <input type="checkbox"/> THIS PROPERTY (please fill in owner information below if leased)			
NAME OF PROPERTY OWNER (if different from Applicant):	PROPERTY OWNER PHONE:	PROPERTY OWNER EMAIL:	
SECOND PROCESSING LOCATION			
LOCATION NAME	COUNTY	TOWN OR MUNICIPALITY	
STREET ADDRESS:	CITY	STATE	ZIP
PROCESSING LOCATION GPS POINT (Latitude and Longitude, in decimal degrees):			
EXACT ROAD DIRECTIONS TO PROCESSING LOCATION (from a major intersection, attach plat maps or other maps on a separate sheet)			
PLEASE SPECIFY WHETHER YOU OWN <input type="checkbox"/> OR LEASE <input type="checkbox"/> THIS PROPERTY (please fill in owner information below if leased)			
NAME OF PROPERTY OWNER (if different from Applicant):	PROPERTY OWNER PHONE:	PROPERTY OWNER EMAIL:	

SECTION 3 – SUMMARY INFORMATION**ARE YOU PLANNING TO PROCESS INDUSTRIAL HEMP IN 2018?**

- Yes (please submit annual registration fee)
 No (submit application materials only, no fee is required)

SECTION 4 – APPLIED RESEARCH INFORMATION

Are you affiliated with a college or university? Yes (please name the institution): _____ No

Have you grown or processed industrial hemp in another state's pilot program? Yes (please specify which state(s)):_ _____ No

APPLIED RESEARCH DESCRIPTION (check all that apply):

- Storage Markets (grain, fiber, floral, replication of seeds or vegetative planting stock)
 Processing conditions (humidity, temperature, light exposure, etc.) Other (please explain): _____

RESEARCH SUMMARY (please provide an overall summary of the hemp research you are conducting below, attach additional pages if needed):

Empty space for research summary.

APPLIED RESEARCH AGREEMENT

Additional terms and conditions for the processor license are specified in the research agreement, which must be signed and submitted with this application.

Research Agreement Attached

SECTION 5 – REGISTRATION FEE AND CALCULATION

Based on the definitions below, please complete the registration fee table. This form must be completed, and fee remitted for each year that you process industrial hemp in Wisconsin. See Wis. Admin. Code ATCP 22.

DEFINITIONS:

Industrial Hemp Processor – Person who stores, handles, or converts industrial hemp into marketable form.

Background Check Form – This form must be completed by the application contact person and submitted at the time of application.

TABLE 1) Industrial Hemp Processor License and Annual Registration Fee

SELECTION	FEE	
LICENSE ONLY	\$0	No Payment
ANNUAL REGISTRATION (only applies if you will process hemp in the current year)	\$100	
LICENSE & REGISTRATION FEE TOTAL		

MAKE CHECK PAYABLE TO: **WDATCP**
 MAIL APPLICATION FORMS AND CHECK TO:
WDATCP
BOX 93598
MILWAUKEE, WI 53293-0598

For more information about the industrial hemp program, visit our website:
https://datcp.wi.gov/Pages/Programs_Services/IndustrialHemp.aspx

I CERTIFY ALL THE INFORMATION THAT I PROVIDE ON THIS FORM TO BE TRUE AND ACCURATE.

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TYPE/PRINT NAME OF APPLICANT AND TITLE

APPLICANT SIGNATURE

DATE