



## New Jersey Department of Agriculture 2021 Hemp Program

### Processor/Handler License Application

**OFFICIAL USE ONLY.**

Check Number: \_\_\_\_\_

Bkgrd Chk: \_\_\_\_\_

Date Rcvd \_\_\_\_\_

Anyone processing or handling hemp materials in the State of New Jersey must successfully complete the full application process with the New Jersey Department of Agriculture (NJDA) and sign a *Processor/Handler Licensing Agreement* before taking possession of any viable hemp seeds or in-program harvested hemp materials.

**Directions:** Complete the following application and submit: 1) the application, 2) a \$50 nonrefundable application fee, and 3) a license fee, calculated using the “Fee Schedule”<sup>1</sup> to: NJDA, Division of Plant Industry, Hemp Program, P.O. Box 330, Trenton, NJ 08625. Email submissions will not be accepted.

**NJDA is not responsible for missing information due to formatting or printing errors on the user end. All information submitted must be accurate, typed, and complete. Incomplete answers may result in the application’s removal from consideration.**

*If completing this form electronically, navigate the form with the mouse or select the next field using the down arrow key.*

<b>I. Applicant Information</b>	
<b>1) Are you applying as a business or an individual?</b> <b>Check or Circle one:</b> <input type="checkbox"/> Business Entity (Complete Part A in this table; skip Part B) <input type="checkbox"/> Individual (Skip Part A; Complete Part B in this table, next page)	
<b>A. If applying as a business, complete Section A, questions A1 – A11.</b> <b>NOTE: For business application, the business MUST be an established legal entity, and a <i>Signing Authority for Business Entities</i> form must be attached to this application.</b>	
<b>A1. Name of Business:</b>	<b>EIN Number- No SSI#:</b>
<b>A2. Is this business registered with the State of New Jersey?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
<b>A3. Business type (example: LLC, C-Corp., Partnership, etc.):</b>	
<b>A4. Mailing address of Business:</b>	
<b>A5. Principal Physical address of Business in New Jersey:</b>	
<b>A6. Name of Applicant (Individual with Signing Authority and Key Participants) List names as they appear on the background check:</b> 1. _____ 2. _____ 3. _____ 4. _____	
<b>A7. Title of Applicant:</b>	<b>A8. Primary Residential Address:</b>
<b>A9. Email for Applicant:</b>	
<b>A10. Cell Phone:</b>	<b>A11. Business Phone:</b>

EIN Number: An employer identification number (EIN) is a nine-digit number assigned by the IRS. It's used to identify the tax accounts of employers and certain others who have no employees. EINs are used by employers, sole proprietors, corporations, partnerships, non-profit associations, trusts, estates of decedents, government agencies, certain individuals, and other business entities.



<b>B. If applying as an Individual, complete Section B, questions B1 – B6.</b>	
<b>B1. Name of Individual Applicant:</b>	<b>EIN Number-No SSI#:</b>
<b>B2. Mailing address of Applicant:</b>	
<b>B3. Primary Residence of Applicant:</b>	
<b>B4. Email for Applicant:</b> Note: Email is the primary method of communication for this program.	
<b>B5. Cell Phone:</b>	<b>B6. Home Phone, if different:</b>

2) You may authorize ONE secondary contact person, other than the applicant, to send and receive information related to your proposed project. They will be able to send in reports and may receive all communications related to your project. They will not have the authority to add or remove registered sites, or terminate a license. If you would like to add a secondary contact person, complete the table below.

Name	Address	Email	Phone

3) Provide a list of all individuals (other than yourself), who will be primarily responsible for the processing or handling of the applicant’s hemp, including contractors. List each person’s name, city, state, phone number, and responsibilities associated with this project. Attach additional sheet(s) if necessary.

Name	City	State	Phone Number	Specific Responsibilities related to the proposed industrial hemp project

4) Were you previously a participant in an Industrial Hemp Research Pilot Program?

a. Yes  No

What State? \_\_\_\_\_

5) If you answered “Yes” to Question 4, answer parts a) and b) below.

a) Check or circle all years for which you were a program participant

2015     2016     2017     2018     2019     2020

b) Check or circle all years in which you actually processed, handled, and/or marketed hemp.

2015     2016     2017     2018     2019     2020





8) Do you plan to provide seed or planting stock for any hemp growers?  Yes  No If “Yes”, explain your seed/propagule acquisition plan by indicating the source of seed or planting stock you intend to provide by completing the table below. Attach additional pages as necessary.

**NOTE: Processors are not authorized to physically possess any type of live plants.**

	Seed/Planting Stock Source (Name, Variety)	City, State	Country	Type of Material (seeds or transplants)
1)				
2)				
3)				

9) List the raw hemp materials you plan to acquire for processing or handling. If processing, include the intended products resulting from your processing of hemp. What types of hemp materials are you handling or processing? What types of products and byproducts are you producing and what are their intended use?

	List Raw Hemp Material	List products and/or byproducts, and intended use
1)		
2)		
3)		
4)		
5)		

10) Explain your material acquisition plan. Explain your plans to source hemp materials for your processing or handling operations. If known, list the names of the farmers growing the hemp. Please note that you are required to provide your intended growers a Letter of Intent on your letterhead as a part of their *Grower License Application*; failure to provide this letter to your intended growers will negatively affect both your application and theirs.

**11) If processing grain or floral material, do you intend to produce food grade products?**  Yes  No  
If yes, attach the appropriate food safety certificate/permit.

**NOTE: If your final products are any type of consumable, food, tincture, cosmetic, soap, lotion, etc., are intended for human consumption, or intended for medical research, etc., you ARE required to obtain an appropriate food safety permit. All CBD extractors must follow FDA and NJHD guidelines. Prior to inspection processor facility must be built.**

**12) Please describe what infrastructure you will use to process or handle hemp.**

**a. Describe your existing infrastructure (buildings and equipment).**

**b. Explain your plans to develop any additional infrastructure (buildings and equipment) necessary to handle hemp. List specific equipment to be used.**

**13) Provide a timeline for critical steps supporting your 2021 hemp processing activity.** *Explain when you will acquire equipment; when equipment will be in place, when you will receive materials; and when you expect to generate and sell product.*

**14) Describe your intended marketing plan. How are you going to market it, and to whom?**

**15) Read each statement below and initial the box next to the statement to indicate your understanding.**

- Processor/Handler License Holders are annually assessed a License Fee per component. Refer to the Fee Schedule for specific pricing.
- All locations where hemp will be processed, handled, or stored must be approved and included in your *Processor/Handler Licensing Agreement* with NJDA prior to the processing, handling, or storage of any hemp at that location.
- You are required to provide precise GPS coordinates in DEGREES DECIMAL MINUTES for each processing, handling, and storage building at each address.  
Example: lat: 38° 9.919'N, long: 84° 49.267'W
- Any additions or changes to the GPS coordinates listed for processing or handling locations after signing a *Processor/Handler Licensing Agreement* will require the hemp producer to pay a \$300 Site Modification Fee (SMF) fee per addition or change to each GPS coordinate.  
NOTE: This SMS is NOT per address like the participation fee; It is assessed per GPS coordinate whether it is on an already approved address or a new address.
- You are required to provide a map of each address with the application. (For complete instructions, see page x-xi, *Instructions for Creating Maps for Submission with the Application*, in the application packet.)
- The following Land Use Restrictions apply to all approved *Processor/Handler Licensing Agreements*. By checking the box next to each statement, you are agreeing to NOT propose any sites that would be in contradiction to the restrictions:
  - I will not process, handle or store hemp on any property which is not owned or leased and completely controlled by the applicant.
  - I will not process, handle, or store hemp on property owned by or leased from any person who was terminated or denied admission to the program.

16) Provide a list of all locations you wish to register by completing the tables below in parts a) Processing/Handling Locations, and b) Storage Locations. Attach additional page(s) as necessary.

**a) Processing/Handling Locations.**

- i. Enter information for requested processing/handling locations in the tables below:
- ii. Attach maps of each address, including all required map information outlined in the Instructions for Creating Maps for Submission (found in the application instruction materials).

Location 1	Processing /Handling Address 1		City	State	Zip	County	Own or Rent
					NJ		
	Location ID*	Type of Structure <sup>+</sup>	GPS: Latitude <i>Ex: 38° 9.919'N</i>	GPS: Longitude <i>Ex: 84° 49.267'W</i>	Purpose		
Building 1							
Building 2							
Building 3							
Building 4							

  

Location 2	Processing/ Handling Address 2		City	State	Zip	County	Own or Rent
					NJ		
	Location ID*	Type of Structure <sup>+</sup>	GPS: Latitude <i>Ex: 38° 9.919'N</i>	GPS: Longitude <i>Ex: 84° 49.267'W</i>	Purpose		
Building 1							
Building 2							
Building 3							
Building 4							

<sup>+</sup>Type of Structure may be a warehouse, store front, barn, etc.

\* Location ID: A unique identifier or common name for each building, as designated by the applicant. The Location ID will be listed in the Processor/Handler Licensing Agreement and used to identify the building.



**b) Storage Locations.**

**i. Enter information for requested handling/storage locations in the tables below:**

NOTE 1: Storage addresses must be listed in the below table even if listed in tables for part (a) above, in order to provide GPS coordinates for the buildings.

**ii. Attach maps of each address,** including all required map information outlined in the *Instructions for Creating Maps for Submission* (found in the application instruction materials).

Storage Location 1	Storage Address 1		City	State	Zip	County	Own or Rent
				NJ			
	Location ID*	Type of Structure	GPS: Latitude <i>Ex: 38° 9.919'N</i>	GPS: Longitude <i>Ex: 84° 49.267'W</i>	Purpose		
Building 1							
Building 2							
Building 3							
Building 4							

  

Storage Location 2	Storage Address 2		City	State	Zip	County	Own or Rent
				NJ			
	Location ID*	Type of Structure	GPS: Latitude <i>Ex: 38° 9.919'N</i>	GPS: Longitude <i>Ex: 84° 49.267'W</i>	Purpose		
Building 1							
Building 2							
Building 3							
Building 4							

+ Type of Structure may be a warehouse, store front, barn, etc.

\* Location ID: A unique identifier or common name for each building, as designated by the applicant. The Location ID will be listed in the Processor/Handler Licensing Agreement and used to identify the building.





16) If any of your processing, handling, or storage locations are leased, please indicate whether you have authorization from the owner allowing hemp processing to be conducted on the property. *Letter of Support Notarized and Lease Agreement*  Yes  No

a. Not Applicable **If Yes, complete the table below for leased locations:**

Leased Location Address	Name of Owner/Landlord	Phone Number of Owner/Landlord

17) Have you ever been convicted of a felony relating to a controlled substance under state or federal within the last ten years?  Yes  No **If “Yes”, in the table below provide dates and details about the conviction(s) that have occurred.**

NOTE: It is recommended that applicants submit a copy of their NJSP background check with their application. Background check instructions and the proper forms can be found in the application instructions.

**Dates and Details of Convictions:**

### III. Acknowledgments

Read each of the acknowledgment statements below and check “Yes” or “No” to indicate your understanding and acceptance of each statement.

18) I acknowledge that my application, the \$50 nonrefundable application fee, the calculated production fee and all attachments are received by the Department. Email submissions will not be accepted because payments for the application fee must be attached to the application. NJDA is not responsible for applications lost in the mail or not received.

Yes  No



**19)I acknowledge that NJDA is not obligated to ask follow-up questions during the application review process. The written responses on this application and attachments should be the sole source of information under consideration for potential licensure in the New Jersey Hemp Program.**

Yes  No

**20)I acknowledge that the deadline to submit an appeal to the NJDA in the event of a denial is 20 days following notification of application denial. Furthermore, the decisions made by the Department are final. The Department will not accept or consider information or documents that were not timely submitted.**

Yes  No

**21)I acknowledge that the following fees will apply, in addition to the \$50 nonrefundable application fee, if my application is approved and due at the time of application submission:**

- Participation Fee for *each component* being processed =
  - Handlers - \$450 annual fee
  - Fiber Processor - \$450 annual fee
  - Grain Processor - \$450 annual fee
  - Floral, Oil or CBD Processor Extraction- \$1,000 annual fee
  - Floral Processor-\$1,000 annual fee Hemp Seed Oil Processor- \$1,000
- Product THC Test Fee = \$150 per instance, due within 30-days of invoice by NJDA if a product is selected for THC testing.
- Site Modification Fee = \$300 for each new processing site, due with submission of any *Site Modification Request*. A new processing site is any GPS location not listed in the *Processor/ Handler Licensing Agreement* (i.e., any change to or addition of GPS coordinates at an address on the *Licensing Agreement*, or for the addition of a GPS coordinate not already on the *Licensing Agreement*). The Site Modification Fee does not apply to storage-only sites, but notification and approval is still required.
- Failure to pay the required fees, submit required notifications to NJDA Hemp Staff, or obtain any necessary written approval in advance may result in appropriate action, including license revocation and the destruction of hemp materials.

Yes  No

**22) I affirm that I will abide by all other requirements of the New Jersey Department of Agriculture Hemp Program, including timely submission of reporting forms and required attachments. Forms for processors and handlers include those listed below.**

- *Seed/Propagule Request* form – due only if purchasing seed or propagules from outside of New Jersey
- *Production Report* form – due by December 15
- Other forms as deemed necessary by NJDA for program administration.  
Yes  No

**23) I acknowledge that, upon request from NJDA Staff, New Jersey State Police, or other state or law enforcement officers, hemp producers must immediately produce a copy of their Processor/Handler Licensing Agreement and Processor/Handler License for inspection.**

Yes  No

**24) I agree that NJDA Staff, New Jersey State Police, and other federal, state and local law enforcement agencies and drug suppression units may enter any premises where hemp or other cannabis plants or materials are located. Refusal to grant entry or otherwise obstructing such site visits or inspections is a violation of the Hemp Program and may result in the suspension or revocation of my license.**

Yes  No

**25) I acknowledge that all physical addresses and GPS coordinates of each building to be used to handle, store, or process hemp must be submitted with this application. This application constitutes written consent by the applicant to allow NJDA personnel access to any hemp production location as deemed necessary by NJDA for evaluation and verification of compliance.**

Yes  No

**26) I acknowledge that my name and all processing and storage locations will be conveyed to the New Jersey State Police (NJSP), the USDA and other law enforcement agencies. In addition, my name and county will be released to the public.**

Yes  No

**27) I acknowledge that I or an authorized representative of the operation who is knowledgeable about the hemp processing/handling operation shall be available on location by appointment for on-site visits by NJDA for the purpose of inspection or sampling.**

Yes  No

**28) I affirm that, if I am granted a Processor/Handler License, I shall not allow other persons to process under my license in lieu of their own application to the New Jersey Hemp Program.**

Yes  No

**29) I accept the inherent risk associated with participation in the program focused on a new crop. I acknowledge that both personal and financial loss may be possible and agree that NJDA is not responsible for reimbursing or compensating any participant for any loss resulting from involvement with the Hemp Program.**

Yes  No

**30) I acknowledge that all hemp materials and products must have a delta 9 THC concentration of no more than 0.3% on a dry weight basis. It is the hemp producer's responsibility to test products, ensure compliance, and keep THC testing results for three (3) years.**

Yes  No

**31) I acknowledge that my hemp producer license must be renewed annually, and that license renewal is not guaranteed,**

Yes  No

**32) I recognize that it is illegal to possess hemp without the approval of the NJDA or another USDA-approved hemp program. . If my license is terminated or expires, I will not be allowed to possess hemp in any form and will be required to divest possession of all hemp materials to an approved program participant, or destroy all in-program hemp materials prior to the expiration or termination of my license.**

Yes  No

### **Attachments**

Check all attachments below that you are attaching to this application. In addition to those listed, attachments may include extended answers to any question in the application, a letter of intent from a processor/buyer, a business plan, or other supporting documents. If the attachment is supplementary information to a question in this form, be sure to 1) include the question number on the document; and 2) start each new question attachment on a new page.

REQUIRED: Application Fee: Check or Money Order for \$50 made payable to NJDA.

REQUIRED: Copy of Driver's License for the applicant.

REQUIRED: Copy of Background Check from NJSP for the applicant.

NJDA must receive & approve background checks for the applicant and all key participants prior to issuing your license. You may not begin processing or handling hemp until you receive your license.

Indicate date requested: \_\_\_\_\_

REQUIRED: Processing, handling, and storage location maps (including name, site address, location IDs, and GPS coordinates).

- REQUIRED: Processor/Handler Fee (*Total fee for each product to be processed*)
- REQUIRED: Food Safety Permit, if applicable.
- REQUIRED: FDA Registration, if applicable.
- REQUIRED (ONLY for Business Entities): *Signing Authority for Business Entities.*
- Other Attachment (describe): \_\_\_\_\_
- Other Attachment (describe): \_\_\_\_\_
- Other Attachment (describe): \_\_\_\_\_

**I hereby verify and affirm that all of the information contained in this application is true and accurate. I understand that if NJDA later determines any of this information to be inaccurate, the *Processor/Handler Licensing Agreement* may be withheld or terminated. I also agree to abide by all of the provisions of the New Jersey Hemp Program found in N.J.A.C. 2:25-1 et seq.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title, if applicable

**Email submissions will not be accepted because payment for the application fee must be attached to the application.**

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**Mail completed application, the nonrefundable application fee, all other fees and all attachments to:**  
New Jersey Department of Agriculture  
Attn: Hemp Program  
P.O. Box 330, Trenton, New Jersey 08625

For more information on the NJDA Hemp Program, please visit  
[www.state.nj.us/agriculture/divisions/pi/prog/nj.hemp.html](http://www.state.nj.us/agriculture/divisions/pi/prog/nj.hemp.html)



**Douglas H. Fisher**  
Secretary



Division of Plant Industry  
Hemp Program  
P.O. Box 330  
Trenton, NJ 08625  
Phone: (609) 406-6939  
Fax: (609) 5406-6960

**New Jersey Department of Agriculture**  
**Signing Authority for Business Entities**  
**(e.g., LLCs, Corporations, etc.)**

*If completing this form electronically, navigate the form with the mouse or select the next field using the down arrow key.*

<b>Name of Business Entity</b>	
<b>Complete Business Street Address</b>	
<b>EIN Number</b>	
<b>Date of Last Annual Report</b>	

	<b>Printed Name</b>	<b>Title</b>
<b>Signing Authority*</b>		

\*must have an annual background check and copy of driver's license on file with NJDA prior to obtaining a license.

I certify that I have the authority to sign all documents submitted on the entity's behalf to NJDA. I also acknowledge that a change of authorization to sign documents requires written notice to NJDA. (Attach additional sheets if necessary)

I certify that this information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

"Key participant" means a sole proprietor, a partner in partnership, or a person with executive managerial control in a corporation. A person with executive managerial control includes persons such as a chief executive officer, chief operating officer and chief financial officer. This definition does not include non-executive managers such as farm, field, or shift managers.

**Key Participants of Business Entities:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printer Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printer Name and Title