



**SOUTH DAKOTA DEPARTMENT OF  
AGRICULTURE & NATURAL RESOURCES**

**ENVIRONMENTAL SERVICES DIVISION**

523 East Capitol Avenue, Pierre, SD 57501

Phone: 605.773.4432 danr.sd.gov

**INDUSTRIAL HEMP LICENSE APPLICATION**

Please Indicate: Grower ☐ Processor ☐ Both ☐ Research ☐

**Section 1: Individual Application Information**

(Only complete this section if you are an individual applying. Business entities proceed to section 2.)

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Last First MI

Home Address \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Section 2: Business Application Information**

(Only complete this section if you are a business entity. Individuals complete section 1.  
Additional Key Participants proceed to section 2a.)

Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_ DOB \_\_\_\_\_  
Last First Mi

Street Address \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Email Address \_\_\_\_\_

Type of Business: Corporation ☐ LLC ☐ Partnership ☐ Other \_\_\_\_\_ ☐

EIN # \_\_\_\_\_

PLEASE ATTACH

1. INCLUDE MAP(S) OF LICENSED AREA LOT(S) BASED ON DIRECTIONS PROVIDED IN THE GROWER APPLICATION GUIDANCE ON OUR WEBSITE.
2. SOUTH DAKOTA SECRETARY OF STATE CERTIFICATION OF GOOD STANDING (only needed with EIN#).
3. LETTER FROM MUNICIPALITY VERIFYING ALL MUNICIPAL ZONING REGULATIONS ARE MET (IF APPLICABLE).
4. SUMMARY OF ACADEMIC RESEARCH PLAN.

## HEMP LICENSE APPLICATION (Continued)

### 38-35-1. INDUSTRIAL HEMP DEFINED

For the purposes of this chapter, industrial hemp or hemp, is the plant *Cannabis sativa* L. and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a total delta-9 tetrahydrocannabinol concentration of not more than three-tenths of one percent on a dry weight basis.

### Section 2a: Key Participants

**Definition of Key Participants:** A sole proprietor, a partner in a partnership, or a person with executive managerial control in a corporation or limited liability company.

Please List Key Participants Authorized to act on behalf of the business entity.

Name \_\_\_\_\_ Title \_\_\_\_\_  
Last First Mi

E-mail \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
Last First Mi

E-mail \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
Last First Mi

E-mail \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
Last First Mi

E-mail \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
Last First Mi

E-mail \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
Last First Mi

E-mail \_\_\_\_\_

## HEMP LICENSE APPLICATION (Continued)

### Section 3a: Licensed Growing Area(s)

Multiple production areas can be attached to a single application. Please make additional copies of this page as necessary. Please name and number each licensed area lot. GPS coordinates must be included and obtained from the approximate center of each licensed area lot. Each is considered a licensed area lot. An aerial map indicating the outer boundaries of each licensed area lot must be also be included.

Licensed Area Lot \_\_\_\_\_ Field Name \_\_\_\_\_ Indoor ☐ Outdoor ☐

Legal Description \_\_\_\_\_  
Section Township Range County

FSA Farm #: \_\_\_\_\_ Lot Location is NOT within a territory of the Indian Tribe ☐

Tract #: \_\_\_\_\_ Field #: \_\_\_\_\_

GPS Latitude \_\_\_\_\_ GPS Longitude \_\_\_\_\_  
(decimal digit) (decimal digit)

Licensed Lot Size \_\_\_\_\_ Planned Acreage \_\_\_\_\_  
(acres/sq ft) (acres/sq ft)

Ownership Owned ☐ Leased ☐ If leased, please complete page 5 for each leased field

Planned harvest use Seed/Grain ☐ Fiber ☐ Floral ☐ CBD ☐ Other \_\_\_\_\_ ☐

Storage Bins/Building Latitude/Longitude: Lat: \_\_\_\_\_ Long: \_\_\_\_\_  
(decimal digit)

Licensed Area Lot \_\_\_\_\_ Field Name \_\_\_\_\_ Indoor ☐ Outdoor ☐

Legal Description \_\_\_\_\_  
Section Township Range County

FSA Farm #: \_\_\_\_\_ Lot Location is NOT within a territory of the Indian Tribe ☐

Tract #: \_\_\_\_\_ Field #: \_\_\_\_\_

GPS Latitude \_\_\_\_\_ GPS Longitude \_\_\_\_\_  
(decimal digit) (decimal digit)

Licensed Lot Size \_\_\_\_\_ Planned Acreage \_\_\_\_\_  
(acres/sq ft) (acres/sq ft)

Ownership Owned ☐ Leased ☐ If leased, please complete page 5 for each leased field

Planned harvest use Seed/Grain ☐ Fiber ☐ Floral ☐ CBD ☐ Other \_\_\_\_\_ ☐

Storage Bins/Building Latitude/Longitude: Lat: \_\_\_\_\_ Long: \_\_\_\_\_

## HEMP LICENSE APPLICATION (Continued)

### Section 3b: Licensed Processing Area(s)

Multiple production areas can be attached to a single application. Please make additional copies of this page as necessary. Please name and number each licensed area lot. GPS coordinates must be included and obtained from the approximate center of each licensed area lot. Each facility is considered a licensed area lot. An aerial map indicating the outer boundaries of each licensed area lot must be also be included.

Licensed Area Lot _____	Building Name _____
Legal Description _____	
Section _____	Township _____ Range _____ County _____
GPS Latitude _____ (decimal digit)	GPS Longitude _____ (decimal digit)
Processing Area _____	(sq/ft)
Ownership	Owned <input type="checkbox"/> Leased <input type="checkbox"/> (If area is leased, please fill out section 4: landowner agreement.)
Mobile Processing?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Licensed Area Lot _____	Building Name _____
Legal Description _____	
Section _____	Township _____ Range _____ County _____
GPS Latitude _____ (decimal digit)	GPS Longitude _____ (decimal digit)
Processing Area _____	(sq/ft)
Ownership	Owned <input type="checkbox"/> Leased <input type="checkbox"/> (If area is leased, please fill out section 4: landowner agreement.)
Mobile Processing?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## HEMP LICENSE APPLICATION (Continued)

### Section 4: Landowner Agreement

This Section is to be completed if you are leasing the licensed area from another real property owner.  
Please make additional copies of this form as necessary.

The landowner of any non-owned licensed area used for production/processing of industrial hemp or hemp products **MUST** consent for the area to be used for industrial hemp production/processing.

I, \_\_\_\_\_ (print name), the undersigned, am the lawful owner of real property located the referenced licensed area number \_\_\_\_\_ in Section 3 of this application, and I hereby consent to the use of such property for the purpose of production/processing of industrial hemp consistent with and for all purposes allowed under federal law, South Dakota law, and the rules of the South Dakota Department of Agriculture & Natural Resources (DANR). I produce/process on said property.

1. Any information obtained by the DANR with respect to this application and the production/processing industrial hemp on my property may be disclosed to the public and/or provided to law enforcement agencies without further notice to me or my representative(s).
2. I agree to allow any inspection or sampling of my property at the referenced licensed area number \_\_\_\_\_ in Section 3 of this application that DANR deems necessary relative to this application for a hemp production/processing license.
3. I agree to allow DANR to use any right of way or another entry point to access the field for inspection.

Landowner's Signature \_\_\_\_\_

Date \_\_\_\_\_

#### Landowners Contact Information: (Please print)

Name \_\_\_\_\_  
Last First Mi DOB

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Email Address \_\_\_\_\_

## HEMP LICENSE APPLICATION (Continued)

### SECTION 5: ACKNOWLEDGEMENT

Please affirm the applications agreement to the following terms and conditions for a hemp license.

I, \_\_\_\_\_ (print name), have the legal authority to bind the applicant to the terms and conditions of this application for a industrial hemp license, hereby acknowledge those regulations governing the production and processing of hemp under federal law, South Dakota law, and the rules of DANR. I further acknowledge, understand and agree to each of the following terms and conditions of a license from DANR to produce and/or process industrial hemp.

1. Any information provided to DANR may be publicly disclosed in accordance with the South Dakota open records law SDCL 1-27 and may be provided to law enforcement agencies without further notice to the license applicant or licensee. License and harvest information will also be shared with the appropriate sections of the United States Department of Agriculture or other federal agencies.
2. I agree to allow any inspection or sampling that DANR seems necessary pursuant to South Dakota law during reasonable business hours.
3. In accordance with South Dakota law, I agree to pay all fees for inspection, sampling, and analysis.
4. I agree to submit all reports or records requested by DANR pertaining to this license application, hemp production, and hemp processing by the applicable due dates specified by DANR.
5. I agree to produce or process hemp only in a licensed area.
6. I affirm that I have not been convicted of or pled nolo contendere to a controlled substance felony or misdemeanor within the past 10 years.
7. If the applicant is a business entity, I affirm that no key participant of the applicant has been convicted of or pled nolo contendere to a controlled substance felony or misdemeanor within the past 10 years.
8. I affirm that all documents and information in support of this application for a industrial hemp license are correct and complete.
9. I affirm that I have read and understand South Dakota Industrial Hemp Law SDCL 38-35 available at: <https://sdlegislature.gov>
10. I agree to produce industrial hemp in compliance with the South Dakota Industrial Hemp Law SDCL 38-35. If the crop does not adhere to the South Dakota Industrial Hemp Law SDCL 38-35-14 the entire crop will be destroyed at applicant's expense.

Applicant Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

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

#### OFFICE USE ONLY

Background check: ☐ Approved ☐ Denied

Date Application Rec'd \_\_\_\_\_ License # \_\_\_\_\_ Processed Date \_\_\_\_\_

Check # _____	Amount \$ _____	Application Fee: \$50.00 <input type="checkbox"/>
Check # _____	Amount \$ _____	Grower License Fee: \$500.00 <input type="checkbox"/>
Check # _____	Amount \$ _____	Processor License Fee: \$2,000.00 <input type="checkbox"/>
Check # _____	Amount \$ _____	Research Lincense Fee \$100.00 <input type="checkbox"/>

Approved By: \_\_\_\_\_  
Program Manager Administrator