



TENNESSEE HEMP GROWER APPLICATION PACKET

Application Instructions:

- Carefully read all application instructions prior to submission.
- An application and the corresponding license fee must be submitted for each physical address. All applications must be completely filled out and submitted to the Department with the required attachments and fee payments. Fees may be paid by credit card or check/money order.
 - Credit Card Payment: Email the completed application to industrial.hemp@tn.gov and provide credit card payment via phone by dialing the Department at (615) 837-5137.
 - Check/Money Order: Make check payable to the Tennessee Department of Agriculture and mail along with completed application to the following address:

Tennessee Department of Agriculture
Plant Certification Section
Post Office Box 111359
Nashville, Tennessee 37222

- **License fees** (based upon the total acreage of growing areas for the corresponding physical address):
< 5 Acres: \$250 5-20 Acres: \$300 > 20 Acres: \$350 University: waived
- All licenses expire on June 30 following issuance. Payment for license renewals must be received by the Department by July 16. Non-payment of the licensing fees by July 16 will result in an added late charge for 50% of the amount owed.
- Information submitted to the Department may be subject to the Tennessee Public Records Act.
- All successful applicants will be provided a **license number** that must be kept on file.
- **Growing Area**
 - Grower licenses are provided per physical growing address. The physical address is the street address for each growing area. Applicants may use the street name provided on the tax documentation for the property. Otherwise, if there is no address for a growing area, please contact your county 911 addressing office to receive a street address.
 - One address may have multiple growing areas.
 - A growing area is defined as any contiguous land area licensed for the growth of hemp. Growing areas can be contiguous even if separated by roads, fences, or similar structures. Hemp may **NOT** be grown outside these areas.
 - Global Positional System (GPS) coordinates must be provided for each growing area's central most point in decimal degree format (e.g., Longitude: 36.06468482; Latitude: -86.74730524).
 - An aerial map or photograph of each growing area must be provided and each area must be outlined and labeled with the corresponding growing area number. Each map must have the applicant's initials in the upper right-hand corner.
 - A growing area is indoors if it is fully enclosed and temperature controlled.
 - Growing area size must be provided in acres. The combined size of each growing area is the total acreage of all growing areas at the physical address.
- For more information, please contact the Department at the information provided or visit <https://www.tn.gov/agriculture/farms/hemp-industry.html>.

HEMP GROWER APPLICATION CHECK LIST:

Read requirements of the Tennessee Hemp Act, Public Chapter No. 87 (to be codified at 43-27-101, *et seq.*), and TENN. COMP. R. & REGS. 0080-06-28

Applicant Information Page Completed and Signed

Growing Area Information Page(s) Completed

Aerial Map of Physical Address (with each growing area outlined and numbered)

Personal Copy of Application Saved

APPLICANT INFORMATION

BUSINESS INFORMATION

Name: _____ Owner/Manager: _____

Bus. Reg./License No.: _____ (If applicable)
DOB (mm/dd/yyyy): _____ (Individual or partner in general partnership)

Phone: (____) _____ Alt. Phone: (____) _____

Email: _____ Website: _____

Mailing Address: _____
(Primary Address)
Street _____
City _____ County _____ State _____ Zip Code _____

Billing Address: _____
(If different from above)
Street _____
City _____ County _____ State _____ Zip Code _____

PRIMARY CONTACT INFORMATION

Primary Contact Name: _____

Email: _____ Phone: (____) _____

GROWING INFORMATION

Physical Address: _____
Street _____
City _____ County _____ State _____ Zip Code _____

Total # Growing Areas: _____ Total Acreage: _____

By completing this application for a Tennessee Hemp Grower License, I, _____, certify that I am over 18 years old and that the information contained in this application is true and accurate to the best of my knowledge. I have read and understood the requirements of the Tennessee Hemp Act, Public Chapter No. 87 (to be codified at 43-27-101, *et seq.*), and TENN. COMP. R. & REGS. 0080-06-28. I have not been convicted of a state or federal felony for a drug related offense within the previous 10 years. I consent to the reasonable inspection and sampling by the Department. I understand that I am legally responsible for operations conducted under this license. I understand that failure to comply with state and federal law may result in criminal charges, license suspension or revocation, assessment of civil penalties, or actions for injunction. I agree to contact the Department within 30 days of any changes to the information provided on this application.

Name (print) Date: _____

Signature Date: _____

FOR DEPARTMENT USE ONLY:	Date Received: _____
App. Complete: ___ Yes ___ No	Missing: _____
Payment Processed: ___ Yes ___ No	Date Processed: _____
License No.: _____	Date Issued: _____
Admin. Signature: _____	Date Reviewed: _____

GROWING AREA INFORMATION

Growing Area #: _____

Type: Indoor Outdoor Acreage: _____

GPS Coordinates: _____ _____
(Area's central most point) Latitude Longitude

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