



License Application for Indoor Production of Hemp

Maine Department of Agriculture, Conservation and Forestry (DACF)

Division of Animal and Plant Health

28 State House Station

Augusta, Maine 04333

207-287-7545

www.maine.gov/dacf/php/hemp



Licensee Information

Licensee Name/Primary Contact: _____ Title: _____

Company/Business Name : _____

Legal status of business: ☐ sole proprietorship ☐ corporation ☐ trust/non-profit ☐ LLC ☐ cooperative
☐ legal partnership ☐ other _____

Employer Identification Number (EIN): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical address of business/farm location: _____

Phone(s): _____

Email*: _____

* We use email to communicate with licensees. Please provide an email address you will check regularly.

Website: _____

Remember, the licensee must obtain and submit a criminal history report .

Secondary Contact

This person is authorized by you to receive correspondence either by mail, email or phone, and/or accept legal notices.

Contact: _____ Title: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

License History. List any previously held hemp license numbers and year of issuance, attach a separate sheet if necessary.

License Number: _____ Year Issued: _____ Was this license revoked or suspended? ☐ yes ☐ no

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Office Use Only

Date Received: _____ Check Amount: _____ Check Number: _____

Date Reviewed: _____ Reviewed By: _____

Approved: ☐ Yes ☐ No If No, Reason: _____

If Yes: Date License Agreement Sent: _____ License Number: _____

Crop Information

Crops Intended to be Grown: (Check all that apply)

- ☐ Seedlings for planting
- ☐ Immature leafy greens
- ☐ Microgreens
- ☐ Research hemp
- ☐ Seed for food oil or grain
- ☐ Fiber
- ☐ Immature plants for human or animal food or feed
- ☐ Breeding of new cultivars on less than 100 sq. ft.
- ☐ For soil remediation
- ☐ Floral material
- ☐ Viable seed

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Indoor Grow Site Information. Please identify each indoor grow site using the format below. Attach additional pages as needed. Non-contiguous facilities separated by more than 50 miles require a separate license application and fees. **GPS coordinates for each facility must be provided in decimal degrees (include at least 5 decimal places).** In addition, please attach aerial photos/maps to provide inspectors with the details they need to safely navigate to your grow sites. Your application will not be approved unless this information is provided. Maps and GPS coordinates can be found on websites such as www.google.com/maps.

Indoor Grow Site ____	Indoor Grow Site ____
Address	Address
City	City
County	County
Latitude in decimal degrees (e.g., 44.30222)	Latitude in decimal degrees
Longitude in decimal degrees (e.g., -69.75521)	Longitude in decimal degrees
Total square footage	Total square footage
Anticipated harvest date	Anticipated harvest date
Property Owner*	Property Owner*

Indoor Grow Site ____	<p>Application Fee and Affidavit. A non-refundable application fee of \$100 is due with this application. Make checks or money orders payable to “Treasurer, State of Maine”.</p> <p>I declare that all the information provided on this application is true and correct. I understand that providing false, misleading or inaccurate information is grounds for license denial. I further understand that I am not licensed to grow hemp until the Department has approved my application and I have signed and returned a licensing agreement and paid the licensing fee of \$500 plus \$0.25/ square foot of indoor growing space.</p> <p>_____ Signature</p> <p>_____ Printed Name</p> <p>_____ Date</p>
Address	
City	
County	
Latitude in decimal degrees	
Longitude in decimal degrees	
Total square footage	
Anticipated harvest dates	
Property Owner*	

***Property Ownership:** Are you (licensee applicant) the owner of all the above properties used to grow hemp? ☐ yes ☐ no
If **No**, attach a completed Grow Site Consent Form from each property owner. This form can be found on Maine’s hemp website.