

Oficina de Licenciamiento e Inspección del Cáñamo

HEMP CULTIVATION LICENSE APPLICATION

Person	of Lega	al Entity applicant name:	
l.	Govern	nment Documents:	
	A.	Photo Identification	
		a) Key participantb) Authorized representative of the legal entity (if applicable)	
	В.	Copy of the Merchant Registration, Registro de Comerciante , issued by the Department of the Treasury of Puerto Rico	
	C.	Debt certificate, Certificado de Deuda , issued by the Department of the Treasury of Puerto Rico	7
	D.	Key Participant must provide a fingerprint-based Criminal Background Check, issued by the Federal Bureau of Investigation (FBI)	
	E.	Negative Criminal Record, Negativa de Antecedentes Penales, issued by the state or territory in which the Key Participant lives or in the case of a Legal Entity, their authorized representative	
	F.	If the applicant is a Legal Entity, the following documents must also be provided:	
		a) Certificate of "Good Standing" issued by the Department of State	
		b) Corporate Resolution, Resolución Corporativa , or applicable equivalent authorizing a representative to act on behalf of the Legal Entity.	

II.	Other Documents:						
	A.	Le	gal Tenure (Title of lease d	ocuments)			
		of t	ote: If the applicant is a Leg that legal entity. Evidence dividual instead of a legal e	of legal ownership will no	t be accepte		
	В.	Diagram, Diagrama , of the terrain of structure where the hemp will processed				be	
			ote: The diagram must be in the GPS location of the terrai		nt electronic	ally the coor	dinates or
	C.	Pa	yment Receipt			[
		a)	1 to 3 cuerdas			\$ 500.00	
		b)	4 to 25 cuerdas			\$1,500.00	
		c)	26 cuerdas or more			\$4,000.00	
		d)	1,000 feet ² or less			\$500.00	
		e)	1,001 a 4,000 feet ²			\$1,500.00	
		f)	4,000 feet ² or more			\$3,000.00	
		g)	Producer that will only pr	oduce seeds – 1 to 10 cue	rdas	\$500.00	
		h)	Producer that will only pr	oduce seeds – 11 to 25 cu	erdas	\$1,500.00	
		i)	Producer that will only pr	oduce seeds – 26 cuerdas	or more	\$3,000.00	
III.	Key Pa	ırtici	ipants names	Phone Number	Email		Employer ID Number (EIN)
1.							
2.							
3.							
4.							

Authorized Representatives Names	Phone Number	Email	Employer ID Number (EIN)
Physical Address: (structure)			
Postal Adress:			
Global Positioning System location (G (germination, propagation, growth, dr		tructure where hem	p is handled
	ying, storage, etc.)	tructure where hem	
(germination, propagation, growth, dr	ying, storage, etc.) 2		

It is certified that the key participant and its authoriz	zed representatives named herein have full knowledge					
of their duties and responsibilities with respect to the	ne license they wish to hold. They have read and are					
familiar with the document "Puerto Rico Department of Agriculture's Hemp Program" which details all the						
information necessary to operate within the regulat	ory framework permitted by this license.					
Key Participants Name and Signature:						
Names and Signature from the Authorized Represe						
Date:						

• Certification: