



Oficina de Licenciamiento e Inspección del Cáñamo

LABORATORY LICENSE APPLICATION

Person or Legal Entity applicant name: _____

I. Governmental Documents:

A. Photo Identification

- a) Key participant
- b) Authorized representative of the legal entity (if applicable)

B. 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

D. Key Participant's 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. Certificate of "**Good Standing**" issued by the Department of State

G. Corporate Resolution, **Resolución Corporativa**, or applicable equivalent authorizing a representative to act on behalf of the Legal Entity.

II. Other documents:

A. DEA Registry Evidence

B. **Legal Tenure** (Title or lease documents of the structure where hemp derived products will be stored)

Note: If the applicant is a Legal Entity, documents proving legal tenure must be in the name of that legal entity. Evidence of legal ownership will not be accepted on behalf of an individual instead of a legal entity. Legal tenure must be notarized

C. Receipt of payment



\$ 3,000.00

III.	Key Participants names	Phone Number	Email	Employer ID Number (EIN)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

IV.	Authorized Representatives Names	Phone Number	Email	Employer ID Number (EIN)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

V. Physical Address: (structure where hemp products will be stored)

VI. Postal Address:

VII. Global Positioning System location (**GPS**), of each structure where hemp or its derived products are processed

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

- **Certification:**

It is certified that the key participant and its authorized representatives named herein have full knowledge of their duties and responsibilities with respect to the 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 regulatory framework permitted by this license.

- **Key Participants Name and Signature:**

_____	_____
_____	_____
_____	_____

- **Names and Signature from the Authorized Representatives by corporate resolution:**

_____	_____
_____	_____
_____	_____

Date: _____