



GOBIERNO DE PUERTO RICO
OFICINA DE LICENCIAMIENTO E INSPECCIÓN DEL CÁÑAMO

HEMP SEEDS DISTRIBUTOR 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. 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.

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II. Other documents:

A. **Legal Tenure** (Title or lease documents)

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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

B. Diagram, **Diagrama**, of the terrain or structure where the hemp will be processed

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Note: The diagram must be in digital format and present electronically the coordinates or the **GPS** location of the terrain and/or structure.

C. **Payment Receipt**

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a) Structure

\$ 1,000.00

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)

VI. Postal Address:

VII. Global Positioning System location (**GPS**), of each structure where hemp seeds will be stored

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: _____