2023 Nez Perce Tribe Hemp Grow Application

Please mail applications to: Hemp Program PO Box 365 Lapwai, ID 83540
or email to: HempProgram@nezperce.org
NEZ PERCE TRIBE
Hemp Producer License
APPLICATION

APPLICANT CONTACT INFORMATION – Key Participant

Complete and submit this registration by mail or email to hempprogram@nezperce.org with the $100 registration fee by check or money order to: Nez Perce Tribe Hemp, PO Box 365, Lapwai, ID 83540.

First Name: ___________________________ Middle Name: ___________________________

Last Name: ___________________________

Residential Address: ___________________________

Mailing Address: ___________________________

City: ___________________________

ST: _______ Zip: ___________________________

Phone: ___________________________

Mobile phone: ___________________________

Email: ___________________________

SS#: ___________________________

Date of Birth: ___________________________

New Applicant? (circle one) Yes No

☐ Check here if mailing address is same as residence

Preferred Method of Contact: ___________________________

BUSINESS ENTITY

☐ Check here if not applicable

Business Name: ___________________________

Physical Address: ___________________________

Mailing Address: ___________________________

City: ___________________________

ST: _______ Zip: ___________________________

Phone: ___________________________

Email: ___________________________

Name of Primary Contact: ___________________________

☐ Check here if more than one Key Participant(s). REMINDER that all Business Entity’s Key Participant(s) shall submit a criminal history report.

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GROW SITE REGISTRATION

Type of Grow Site:  □ Field  □ Greenhouse  □ Building  □ Other: ____________________________

Street Address for Grow Site: ____________________________________________________________

Legal Description for Grow Site: _________________________________________________________

GPS Coordinates:
(Decimal of degrees)

Latitude ____________________________  Longitude ____________________________

Size of Grow Site: ____________________________

Acres: ____________________

Feet: ____________________

Map attached:  yes  no

Circle one >

Describe source of legal authority over Grow Site:

□ Documentation of legal authority attached

Is the proposed hemp site a Tribally owned fee or trust property:  yes  no

Is the proposed hemp site property privately owned:  yes  no

TERMS & CONDITIONS ACKNOWLEDGMENT

BY SUBMITTING AN APPLICATION, THE APPLICANT ACKNOWLEDGES AND AGREES TO THE FOLLOWING TERMS AND CONDITIONS:

- Any information provided to the Agriculture Office may be provided to law enforcement agencies without further notice to the Applicant;
- The Applicant or Licensee shall allow and fully cooperate with any inspection and sampling that the Agriculture Office deems necessary;
- The Applicant or Licensee shall pay for any inspection and laboratory analysis costs that the Agriculture Office deems necessary within thirty (30) days of the date of the invoice, provided that the Licensee shall not be required to pay for more than one (1) Agriculture Office inspection and associated laboratory analysis costs per year for each Lot. Combining Lots is not permitted;
- The Applicant or Licensee shall submit all required reports by the applicable due date specified by the Agriculture Office;
- Applicants (including any Key Participant) shall submit fingerprints and pay criminal background check fees directly to the Nez Perce Tribal Police or other law enforcement agency designated by the Tribe to obtain a criminal history background check report; and
- The Applicant or Licensee must report any felony convictions relating to controlled substances under state or federal law to the Agriculture Office within five (5) business days of receiving notice of such conviction.
APPLICANT'S SIGNATURE: __________________________ Date: ________________
Printed Name: __________________________________________

Additional Members:

First Name: ____________________________________________ Middle Name: __________________________

Last Name: ____________________________________________ New Applicant? (circle one) Yes No

Residential Address: ____________________________________

Mailing Address: ______________________________________

City: __________________________________________ ST: ______ Zip: _________

Phone: __________________ Mobile phone: __________________

Email: __________________________ Preferred Method of Contact: ____________________________

Position/Title: ____________________________ (Primary)

Position/Title: ____________________________ (Secondary)

FOR OFFICIAL USE ONLY: Date received: ____________ Received by: ____________
Land Description verified: ____________ Returned for additional information □ ____________
□ Approved □ Denied EXPIRATION: ____________ Date approved/denied: ____________
COMMENTS: ________________________________