



HEMP GROWING & PROCESSING PERMIT APPLICATION & RENEWAL FORM

BEFORE COMPLETING: Please read [Pennsylvania’s Hemp General Permit](#) and the [Application Instructions](#), both available at: <http://agriculture.pa.gov/hemp>. Incomplete or illegible applications will be returned without processing by the Department!

** Application questions highlighted in blue are optional but recommended.*

1) CONTACT INFORMATION

Business Name:		EIN #:	
Applicant’s Name:		Previous Hemp Permit #s:	
Mailing Address:			
City:	State:	Zip:	County:
Email Address:			
Website: <i>(Please use full address. Ex. http://...html)</i>			
Phone Number:		Secondary Phone:	

Would you like your contact information (Phone, Email, Website) made available to suppliers, processors, and the public on the Department’s Website? No* Yes – Indicate which: Phone Email Website

*** PLEASE NOTE:** This contact information is public information and the Department is obligated to provide it should requests be received under Pennsylvania’s Right to Know Law.

2) BACKGROUND CHECK SUBMISSION/KEY PARTICIPANT INFORMATION - New Applicants and key participants are required to submit fingerprints to the FBI to obtain a criminal history check **within 60 days** of submitting an application.* Receipts from Identogo** for each applicant and key participant must be submitted as attachments to this application, as proof the background check has been completed or scheduled. [See [Application Instructions](#) for details on obtaining FBI Clearance through Identogo.] **A person with a felony drug conviction within the past 10 years may not grow or cultivate hemp and should not apply.**

If this application is for a business entity, Key Participants must be listed, and a background check completed for each. Key participants are a person or persons who have a direct or indirect financial interest in the entity producing hemp, such as an owner or partner in a partnership. A key participant also includes persons in a corporate entity at executive levels including chief executive officer, chief operating officer and chief financial officer. This does not include other management positions like farm, field or shift managers.

*Background checks are good for 3 years. If the applicant or key participants completed a background check for the 2026 Hemp Permit Application, that background check will be good for the 2027 and 2028 permit applications.

**For registration at IDENTOGO Center, applicants will be asked for the following:

Service Code - 1KG8NN; Service Name - HEMP GROWER

APPLICANT FULL LEGAL NAME (of Applicant)	TITLE	IDENTOGO SUBMISSION DATE
FULL ADDRESS (Street Address, City, State, Zip)	PHONE	EMAIL

KEY PARTICIPANT FULL LEGAL NAME	TITLE	IDENTOGO SUBMISSION DATE
FULL ADDRESS (Street Address, City, State, Zip)	PHONE	EMAIL

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FULL ADDRESS (Street Address, City, State, Zip)	PHONE	EMAIL

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FULL ADDRESS (Street Address, City, State, Zip)	PHONE	EMAIL

KEY PARTICIPANT FULL LEGAL NAME	TITLE	IDENTOGO SUBMISSION DATE
FULL ADDRESS (Street Address, City, State, Zip)	PHONE	EMAIL

3) **STORAGE LOCATIONS (OPTIONAL)** - If purchased hemp seed and/or harvested hemp materials will be stored at a facility located on a property which is **different from the growing or processing locations** listed in Section 4 of this application, list the details below. Include a single GPS point at the entrance to the location or main building at the storage location. ('TBD' can be used if the location is not known at this time and can be added at a later time by submitting a permit change form, or by submitting online at PA Plants.)

COMPANY NAME/OWNER	COMPLETE ADDRESS	COUNTY	GPS POINT (Use 39.12344, -76.54321 Format.)

4) PERMIT LOCATION INFORMATION - PLEASE NOTE: Incomplete applications will not be processed.

Complete these two pages for every location (i.e. deeded property) where you plan to grow or process hemp and submit each with the main application, along with permit fees* for each location submitted.

For each location where applicants are requesting an exemption to location minimums or restrictions, complete *Application Instructions, Page 9* and submit with this application.

*** NEW PERMIT FEE: \$150; RENEWING PERMIT FEE: \$50**

- 1) Site must be in Pennsylvania.
- 2) The GPS point should be taken at the entrance to the property or at the main building at the location.
- 3) A photographic property map, with grow sites or processing building outlined, must be submitted as an attachment.

I. LOCATION INFORMATION

PROPERTY OWNER		COMPLETE ADDRESS (Street Address, City, State, Zip)	
MUNICIPALITY	COUNTY	GPS POINT (Use Decimal Format. Ex: 39.12344, -76.54321)	

DID YOU PREVIOUSLY HAVE A PERMIT FOR THIS LOCATION? No Yes - PREVIOUS PERMIT NUMBER: _____

IS THIS A LEASED LOCATION (i.e. not owned by the applicant or business)? No Yes*

* If the location is leased:

- 1) A signed **Access Agreement** granting the Department access to the property must be attached to the application. The grant of access to the property must be for at least 3-years following the termination of the permit. (a template is available in the **Hemp Permit Application Instructions, Page 6** and is also available at agriculture.pa.gov/hemp.)
- 2) Applicants must have a property lease agreement with the property owner for the location on which they plan to plant, cultivate, grow, harvest or process hemp. The lease agreement for the property shall be made part of and kept in the applicant's records. The applicant shall provide the Department access to the records for review or copying or both, upon request.

THIS LOCATION WILL BE USED FOR:

GROWING

PROCESSING

- If a Growing permittee will be processing hemp brought onto the above listed property from another permitted location, then a separate processing permit is required, and **an additional permit fee will be charged.**
- No separate processing permit is required if hemp grown on the property is also processed on the property, and no other hemp is moved onto the property.

II. FOR A GROWING LOCATION: *Check all that apply.*

REMINDER: Indoor sq. footage minimums, as mentioned in the **Application Instructions**, must be met. (Also found in **PA Hemp General Permit, Article II, Section (b)(2)(iv)** [page 10].)

<input type="checkbox"/> OUTDOOR GROWING	Total Tillable Acreage at this location?		Anticipated Acreage of hemp to be planted?
<input type="checkbox"/> INDOOR GROWING	Total square footage at this location?		Anticipated Square footage of hemp to be planted?
	Type of Structure?	<input type="checkbox"/> Greenhouse <input type="checkbox"/> High Tunnel <input type="checkbox"/> Barn <input type="checkbox"/> Industrial Building	Type of indoor growing? <input type="checkbox"/> Nursery transplants <input type="checkbox"/> Stock plants (year-round) <input type="checkbox"/> Year-round production

TYPE OF HEMP CROP TO BE CULTIVATED: <i>Check all that apply.</i>				
<input type="checkbox"/> CBD/Extracts	<input type="checkbox"/> Fiber	<input type="checkbox"/> Grain	<input type="checkbox"/> Certified Seed*	<input type="checkbox"/> Seedlings/Clones for sale**
<input type="checkbox"/> Microgreens/Greens		<input type="checkbox"/> Other <i>Please describe:</i>		
* Plants being grown for seed production require registration with PDA's certified seed program and meeting the requirements of the PA Seed Act. Enter your License Number.				
**A PDA nursery license is required for growing/selling nursery stock. Enter your Nursery License Number				

Are you growing under a contract with a processor/buyer for your crop?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list the name of the company.		

** Growing under contract is not a permit requirement, but is recommended as a best management practice.*

III. VARIETIES OF HEMP TO BE PLANTED – List the hemp varieties you are intending to grow and anticipated acreage for each variety. * List only true variety names; codes will not be accepted. (*Please consult the Prohibited Varieties and Varieties of Concern list available at agriculture.pa.gov/hemp prior to making your selection.*)

** Growers may later indicate changes to these varieties on the Hemp Planting Report.*

FULL VARIETY NAME	SOURCE	AMOUNT OF SEED TO BE PURCHASED	OR	AMOUNT OF NURSERY STOCK TO BE PURCHASED (#)	ANTICIPATED ACREAGE (OUTDOOR)	ANTICIPATED SQUARE FOOTAGE (INDOOR)
		(INDICATE # OR LBS)				

IV. FOR A PROCESSING LOCATION:

TYPE OF HEMP PROCESSING TO OCCUR: <i>Check all that apply.</i>				
<input type="checkbox"/> Drying	<input type="checkbox"/> Fiber Processing	<input type="checkbox"/> Grain Processing	<input type="checkbox"/> CBD/Extract Processing	<input type="checkbox"/> Seed Cleaning
<input type="checkbox"/> Other: <i>Please describe.</i>				

REMINDER: Those applying for additional Permit Locations must submit additional copies of 4) Permit Location Information (Pages 3 & 4) and add additional permit fees to the check or money order made payable to the Commonwealth of PA. Failure to submit the additional information and fees will result in the Application being considered Incomplete and the application will not be processed. [See PERMIT FEE WORKSHEET on Application Page 7].

5) ATTESTATIONS – The following statements list requirements of the Pennsylvania Hemp General Permit. Applicants must read and check the boxes for **ALL** of the following attestation statements, indicating the applicant’s understanding and acceptance of each requirement. All of the following attestations are made under and subject to the criminal penalties for unsworn falsifications to authorities, at 18 Pa. C.S.A. § 4904. **REMINDER: Incomplete applications will not be processed.**

<input type="checkbox"/>	I attest that I have read Pennsylvania’s Hemp General Permit and agree to abide by the conditions and requirements of the General Permit.
<input type="checkbox"/>	I attest that the physical address of the location to be used to grow or process industrial hemp is listed on this application. Any changes to physical address used in the growing or processing of hemp will require a new application and permit approved in writing by PDA prior to that location being legally permitted for growing or processing hemp, and that the deadline for applying for a growing permit is April 1.
<input type="checkbox"/>	I attest that the growing or processing location listed on this application is owned or completely controlled by this applicant and was not owned by, leased from, or previously submitted in a permit application by any person who is ineligible or was terminated, or denied admission to the program.
<input type="checkbox"/>	I attest that the use of the property and/or facility listed on this application shall meet and comply with any and all laws, regulations, orders, permit requirements and ordinances of any governmental agency or other regulating authority, including building, commercial, environmental, zoning and other regulated categories.
<input type="checkbox"/>	I attest that all field or planting sites at this location meet the requirements of the General Permit and are not within 1,000 feet of a school or public recreational area; are not within 200 feet of a structure used as a residential dwelling; are not within 3 miles of State licensed Medical Marijuana growing facility; and are physically separated from other crops, except where written approval has been requested of the Department.
<input type="checkbox"/>	I attest that if growing hemp, the planting will meet or exceed the minimum planting requirements for outdoor plantings, set forth in the General Permit, of no less than 50 plants and for indoor plantings no less than 1,000 square feet and 50 plants.
<input type="checkbox"/>	I attest, that I have not had a felony drug conviction in the past 10 years, and that during the time period of the application, this permit and the General Permit, I will immediately report to the Department any key participant of the permit, including myself, that is convicted of a state or federal controlled-substance-related felony.
<input type="checkbox"/>	I attest that the plant materials used shall be selected from apparently disease-free and pest-free sources.
<input type="checkbox"/>	I attest that in growing, propagating, cultivating, harvesting, transporting and processing of hemp, all biosecurity safeguards will be utilized in order to assure isolation from the domestic environment outside of permitted locations.
<input type="checkbox"/>	I attest to and understand that this application constitutes written consent by the applicant to allow PDA personnel access to the hemp growing or processing location and any storage locations as deemed necessary by PDA for evaluation and testing.
<input type="checkbox"/>	I attest to and understand that it is my responsibility to assure that any activity conducted under this permit will comply with all laws, regulations, orders, permit requirements and ordinances of any governmental agency or other regulating authority.
<input type="checkbox"/>	I attest to and understand that if growing hemp, it is my responsibility to arrange and pay for sampling for THC and other required testing by a PDA-approved agent to be conducted no more than 30 days prior to harvest, and if harvest is delayed for any reason beyond 30 days from the sampling date, the crop shall be re-sampled and tested. The sampling agent will maintain custody of the collected samples and will ship them to a laboratory meeting the USDA requirements.
<input type="checkbox"/>	I attest to and understand that if growing hemp, the sample shall be collected by PDA personnel or a PDA-certified sampling agent for THC or other required testing, shall consist of a single variety from a single field or identified lot, of female flowering structures (buds) from the terminal points of the plant and be selected using an approved statistically accurate representation of the growing site.
<input type="checkbox"/>	I attest to and understand that if growing hemp, a separate sample shall be collected and tested for each individual lot planted or grown at this permitted location, unless that hemp is grown for research, nursery stock or greens/microgreens.

<input type="checkbox"/>	I attest to and understand that it shall be my responsibility to pay for THC and other testing that may be required for compliance with permit conditions, at a laboratory meeting the USDA requirements.
<input type="checkbox"/>	I attest to and understand that if growing or processing hemp, harvested hemp materials shall be kept separated from other harvested hemp materials from other fields, lots, or varieties; and the storage location shall have signage to assure proper identification of the hemp variety and lot, which shall be connected to the lot's laboratory test results.
<input type="checkbox"/>	I attest to and understand that if growing hemp, until an acceptable total THC test is received, no hemp plants or plant parts may be moved from the growing location or designated storage. (Excludes nursery stock and greens/microgreens.)
<input type="checkbox"/>	I attest to and understand that if growing hemp, any plantings with total THC levels over 0.3% (with adjustment of measurement of uncertainty) will no longer be classified as Hemp. If THC levels are found to be greater than 0.3%, the material shall not move off site and products cannot enter the market.
<input type="checkbox"/>	I attest to, understand and consent that test results evidencing total THC levels in excess of 0.3% will require and shall result in either remediation or destruction of the crop represented by the sample. Such remediation or destruction shall be at the permit holder's expense, during normal business hours under the supervision of PDA personnel.
<input type="checkbox"/>	I attest to and understand that if growing or processing hemp, in order to transfer possession or ownership of any viable hemp plants or plant parts, I shall, before the transfer of possession or ownership, assure the person to whom the hemp will be transferred or sold has obtained the required permit and I shall maintain the required records of the transfer, sale or distribution.
<input type="checkbox"/>	I attest to and understand that if growing or processing hemp, should I intend to stop growing or processing hemp I shall notify the Department and implement all measures ordered by the Department to destroy hemp plants, plant parts and plant material covered by the permit.
<input type="checkbox"/>	I attest to and understand that if growing or processing hemp, if I abandon, relinquish possession or ownership of, control over or responsibility for the hemp in a manner inconsistent with the provisions of the Act or General Permit, all hemp plants, plant parts and plant material regulated by the General Permit or this permit shall be destroyed in a manner approved by the Department. I shall continue to be responsible for all hemp plants, plant parts and plant materials, the cost of destruction and eradication of the hemp plants, plant parts and any plant material associated with the controlled plant, and as the original permit holder, I shall continue to be subject to the penalties imposed under the Act and General Permit.
<input type="checkbox"/>	I attest to and understand that if growing hemp, there are reporting requirements attached to the permit and failing to submit the required reports in a timely manner may be considered a violation of the Act and the General Permit. The required reports are: <i>Planting Report</i> due within 10 days following planting giving detailed information of the location, variety, and other planting information; Reporting planting information to USDA Farm Service Agency (FSA); <i>Crop Loss Report</i> for any plantings that are not being maintained to maturity or falling below the minimum size requirements to be submitted within 10 days of the remaining crop being rendered useless; <i>Inactive Permit Reporting</i> , if no hemp is planted at the permitted site by September 1 st ; and <i>Harvest Reports</i> to be submitted by November 15 th .
<input type="checkbox"/>	I attest to and understand that if processing hemp, I shall only accept hemp plants or plant parts from a permitted or licensed grower, whether in-state or out-of-state, which have been verified to have a total THC not above the 0.3% limit. Any attempts by a grower or processor to sell or distribute to my business hemp plant parts or plant material which does not meet these requirements shall be reported to the Department.
<input type="checkbox"/>	I attest to and understand that if processing hemp, I shall maintain records on all shipments of hemp received and the name, address and permit number of the grower, thereof, as specified in the General Permit, and that I shall make such records available to the Department upon request.
<input type="checkbox"/>	I attest that if processing hemp, all hemp plant material shall be rendered non-viable in the processes used in my facility and documentation of such shall be maintained and made available to the Department upon request.
<input type="checkbox"/>	I attest that subject to the criminal penalties for unsworn falsification to authorities, at 18 Pa.C.S.A. § 4904, I will continue to comply with the permit and General Permit requirements for the duration of time the hemp plants, plant parts or hemp materials are in the permit holder's possession, including any regrowth of the hemp.

I hereby verify and affirm that all information contained in this application is true and accurate and that I shall comply with all provisions of Pennsylvania's Hemp General Permit.

PRINTED FULL NAME:

TITLE:

SIGNATURE:

DATE:

ATTACHMENTS: Please list any attachments including: property map(s), Identogo (FBI background check) receipt, signed property lease, signed PDA access agreement, extended answers to any questions in the above sections, or other supporting documents. If the attachment is supplementary information to a question on this form, be sure to include the question number on the document.

List of attachments:

1. Photographic property map, with grow sites or processing building outlined
2. Identogo Receipts for _____
3. If using leased property, a signed Access Agreement
4. Request for Exception (if applicable)

NEW PERMIT APPLICATION FEE - \$150; PERMIT RENEWAL FEE - \$50

PERMIT FEE WORKSHEET

Number of Renewal Permit Locations: _____ x \$50.00 _____ Renewal Fee Subtotal (A)

Number of New Permit Locations: _____ x \$150.00 _____ New Permit Fee Subtotal (B)

A) Renewal Permit Fee Subtotal \$

B) New Permit Fee Subtotal + \$

Total Permit Fee Due = \$

ONLINE SUBMISSION:

1. COMPLETE REQUIRED APPLICATION FIELDS
2. UPLOAD ALL REQUIRED ATTACHMENTS
3. PAY BY CREDIT CARD ONLINE AT:

PA PLANTS - <https://www.paplants.pa.gov/SecurityLogin.aspx>.

Instructions for Registration and submission can be found on the Application Instructions.

MAILED SUBMISSION:

- MAIL COMPLETED APPLICATIONS, CHECK/MONEY ORDER (PAYABLE TO THE COMMONWEALTH OF PA) AND ALL REQUIRED ATTACHMENTS TO:

Bureau of Plant Industry Hemp Program
PA Department of Agriculture
2301 N. Cameron St, Harrisburg, PA 17110

For questions regarding the application, contact the Department's Hemp Program: RA-AGPLHEMP@pa.gov or 223-666-2561.