

Hawaii Hemp Processor Registration Application



Part A.

Applicant (business name): _____

Check here if this business is a sole proprietorship and the applicant name is the name of an individual.

Hawaii mailing address: _____

City: _____ State: HI Zip: _____

Hawaii phone number: _____

Provide as attachments:

1. United States Department of Agriculture license to produce hemp.
2. Part B for all planned hemp processing facility locations in the State.

The information provided in this application is complete and correct to the best of my knowledge. My signature constitutes an acknowledgment and agreement that the applicant will comply with chapter 11-37, Hawaii Administrative Rules.

Signature of duly authorized representative of applicant:

Date: _____

Printed name: _____

Job title: _____

The registration fee of \$500.00 must be paid by business check or cashier's check payable to "Hawaii Department of Health". Applications submitted without payment will not be processed. Fees are non-refundable.

There will be a service fee of \$25.00 for any check dishonored by the bank.

Mail application and check to:

DOH Food and Drug Branch
99-945 Halawa Valley St.
Aiea, HI 96701

Notify the department within thirty (30) days after any change to the information on this form. To add a new hemp processing facility, you must obtain prior approval by submitting Part B to the department at least thirty (30) calendar days prior to the intended start date of the new hemp processing facility.

Location # _____

Part B. Provide the following for each planned hemp processing facility. This page may be duplicated as many times as necessary.

Physical address and tax map key of land where hemp processing facility will be located:

Street address: _____

City: _____ State: HI Zip: _____

Tax Map Key (TMK): _____

Attestations: Check the boxes and sign below.

I attest that the hemp processing facility described more fully in this application shall not be located within 500 feet of a pre-existing playground, school, state park, state recreation area, residential neighborhood, or daycare facility.

I attest that the hemp processing facility and its planned operation as more fully described in this application shall comply with all zoning ordinances, building codes, and fire codes.

Signature of duly authorized representative of applicant:

Date: _____

Printed name _____

Job title _____

Please put the location number provided at the top of this form on all attachments pertaining to this location.

Provide as attachments:

1. Description of the enclosed indoor facility where hemp processing will occur demonstrating how the facility meets the applicable facility requirements of chapter 11-37 subchapters 5 and 6, Hawaii Administrative Rules.
2. Documentation that the hemp processing facility and its planned operation comply with all zoning ordinances, building codes, and fire codes.