**Hemp Processor Permit Application**

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| This application form is provided by the Office of Medical Cannabis Control and Regulation (OMCCR) for use by applicants seeking a permit to operate as a hemp processor in accordance with Hawaii Revised Statues (HRS) chapter 328G and Hawaii Administrative Rules (HAR) chapter 11-37.  **Instructions**  To request a permit, all applicants must complete Sections I, II, III, and V of this application. If directed by Question 15, complete Section IV. Submit the completed application to the OMCCR at [doh.hemp@doh.hawaii.gov](mailto:doh.hemp@doh.hawaii.gov) or mail to 4348 Waialae Avenue, #648, Honolulu, HI 96816.  A determination will be made after the OMCCR has reviewed the application. Notification of the determination will be sent to the applicant’s email listed in the application. Questions may be referred to the Office of Medical Cannabis Control and Regulation at (808) 692-7450 or [doh.hemp@doh.hawaii.gov](mailto:doh.hemp@doh.hawaii.gov). |

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| **SECTION I**  **APPLICANT INFORMATION** | | |
| 1 | Date of Request | Click or tap to enter a date. |
| 2 | Are you applying as a business or legal entity and not an individual owner of a sole proprietorship? | Select One |
| 3 | Name of Applicant  (Business Name, if the applicant is a business or legal entity; Name of individual owner of a sole proprietorship) | Click or tap here to enter text. |
| 4 | Name of Representative  (Individual acting on behalf of a business or legal entity) | Click or tap here to enter text. |
| 5 | Applicant’s Mailing Address | Street Address:  Click or tap here to enter text. |
| City: Click State: Click Zip code: Click |
| 6 | Applicant’s Phone Number | Click or tap here to enter text. |
| 7 | Applicant’s Email | Click or tap here to enter text. |
| 8 | **Applicant must provide a valid USDA hemp license. Attach the document to this application.** | |

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| **SECTION II**  **LOCATION AND OPERATIONS OF HEMP PROCESSING FACILITY** | | | |
| 9 | Address of Property where Hemp Processing will Occur | Street Address:  Click or tap here to enter text. | |
| City: Click State: Click Zip code: Click | |
| 10 | Tax Map Key (TMK) of Property where Hemp Processing will Occur | Click or tap here to enter text. | |
| 11 | Mark the Processing Operation(s) Intended for the Permit (mark all that apply) |  | **A.**  Process hemp biomass into crude and into manufactured hemp products |
|  | **B.**  Process hemp biomass only into crude extracts |
|  | **C**. Process hemp-derived crude extract into manufactured hemp  products |
|  | **D.** Use manufactured hemp products as ingredients in production of another manufactured hemp product |
| 12 | Is the enclosed indoor facility where hemp processing will occur at least five hundred (500) feet away from all pre-existing playgrounds, schools, state parks, state recreation areas, residential neighborhoods, hospitals, or daycare facilities? | Select One | |
| **Provide signature if you answered *Yes* to Question 12** | | | |
| I attest that the hemp processing facility described in this application shall not be located within five hundred (500) feet of a pre-existing playground, school, state park, state recreation area, residential neighborhood, hospital, or daycare facility. | | | |
| **Signature of Applicant or Representative: Date:** Click | | | |
| 13 | Will the hemp processing methods include heat or volatile compounds or gases under pressure? | Select One | |
| 14 | Describe the processing methods intended to be performed in the enclosed indoor facility. | Click or tap here to enter text. | |
| 15 | Do the indoor facility and planned hemp processing operations comply with all zoning ordinances, building codes, and fire codes?  If ***No***, you must complete section IV. | Select One | |
| **Provide signature if you answered *Yes* to Question 15** | | | |
| I attest that the hemp processing facility and its planned operations described in this application shall comply with all zoning ordinances, building codes, and fire codes. | | | |
| **Signature of Applicant or Representative: Date:**Click | | | |

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| **SECTION II**  **LOCATION AND OPERATIONS OF HEMP PROCESSING FACILITY** | | | |
| 16 | If you answered ***Yes*** to question 15, attach evidence of compliance.  Mark the document type attached to this application. (mark all that apply) |  | City and County Certificate of Occupancy |
|  | City and County Building Permit |
|  | City and County Building Permit Application |
|  | City and County Fire Inspection Report |
|  | Other ­­­­­­­­­­­­­­­­­­­­­­­­Click |
| **SECTION III**  **FACILITY REQUIREMENTS** | | | |
| **Provide description for how the hemp processing facility complies or will comply with requirements §11-37-51 and §11-37-61.** | | | |
| 17 | Facility meets the definition of “enclosed indoor facility”. | | |
| Click or tap here to enter text. | | | |
| 18 | Facility is secured to prevent unauthorized entry. | | |
| Click or tap here to enter text. | | | |
| 19 | Facility is constructed so that floors, walls, and ceilings may be adequately cleaned. | | |
| Click or tap here to enter text. | | | |
| 20 | Facility provides adequate lighting in hand-washing areas, toilet rooms, where equipment and utensils are cleaned, and in all areas where crude extract or manufactured hemp products or components are examined, manufactured, processed, packed, or held. | | |
| Click or tap here to enter text. | | | |
| 21 | Facility provides adequate ventilation or control equipment to minimize dust, odors, and vapors in areas where they may cause allergen cross-contact or contaminate crude extract or manufactured hemp products or components. | | |
| Click or tap here to enter text. | | | |

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| **SECTION III**  **FACILITY REQUIREMENTS** | |
| **Provide description for how the hemp processing facility complies or will comply with requirements §11-37-61 and §11-37-63.** | |
| 22 | Facility provides adequate screening or other protection against entry of pests. |
| Click or tap here to enter text. | |
| 23 | Facility supplies running water, from an adequate source of proper sanitary quality for its intended use, under pressure and to all areas in the facility where the processing of crude extract or manufactured hemp products, cleaning of equipment, contact surfaces, or for employee sanitary facilities (toilets, hand wash sinks) occurs. |
| Click or tap here to enter text. | |
| 24 | Facility has plumbing of adequate size and design and properly installed to carry water to required locations and to properly convey sewage and liquid waste from the facility. Plumbing must avoid being source of contamination to crude extract or manufactured hemp products, water supplies, equipment or create unsanitary condition. Must provide adequate floor drainage in all areas where floors are subjected to cleaning or where discharge of liquid waste onto floor occurs. Plumbing must be installed to ensure there is not backflow from, or cross-connection between, piping systems that discharge wastewater/sewage and piping systems that carry water for crude extract or manufactured hemp product manufacturing. |
| Click or tap here to enter text. | |
| 25 | Facility disposes of sewage into an adequate sewerage system or disposed of through other adequate means. |
| Click or tap here to enter text. | |
| 26 | Facility provides employees with adequate, readily accessible toilet facilities. |
| Click or tap here to enter text. | |

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| **SECTION III**  **FACILITY REQUIREMENTS** | | | |
| **Provide description for how the hemp processing facility complies or will comply with requirements §11-37-63 and §11-37-66.** | | | |
| 27 | Facility provides hand washing sinks, conveniently located, and designed to ensure employee’s hands are not a source of contamination, and furnished with running water. | | |
| Click or tap here to enter text. | | | |
| 28 | Provides for rubbish disposal that shall be conveyed, stored, and disposed of to minimize development of odor, minimize potential for waste becoming an attractant for pests, and protect against contamination of crude extract or manufactured hemp products, contact surfaces, ingredients, packaging, water supplies, and ground surfaces. | | |
| Click or tap here to enter text. | | | |
| 29 | Provides storage conditions for crude extract or manufactured hemp products and the components used in their processing and manufacturing, that will protect against allergen cross-contact and against biological, chemical (including radiological), and physical contamination, as well as against deterioration of the crude extract or manufactured hemp product or component and the container. | | |
| Click or tap here to enter text. | | | |
| **SECTION IV**  **FACILITY REQUIREMENTS FOR THOSE NOT MEETING ZONING ORDINANCES,  BUILDING PERMIT OR CODES, OR FIRE CODES**  **Complete only if question 15 was answered NO** | | | |
| You must submit documentation that the facility to be used for hemp processing is:   * Exempt from building permit and building code requirements pursuant to section 46-88, HRS; or * In a food hub or agricultural park. | | | |
| 30 | Attach evidence of compliance.  Mark the document type attached to this application. (mark all that apply) |  | The enclosed indoor facility that will be used for hemp processing is exempt from building permit and building code requirements pursuant to section 46-88, HRS. |
|  | The enclosed indoor facility that will be used for hemp processing is in a food hub or agricultural park. |

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| **SECTION V**  **APPLICATION FEE** |
| The applicant must submit with the application a non-refundable application fee of $500.  The fee must be paid by business or cashier’s check payable to:  **Hawaii Department of Health**  Mail to:  **State of Hawaii Department of Health**  **Office of Medical Cannabis Control and Regulation**  **4348 Waialae Avenue, #648**  **Honolulu, HI 96816** |

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.

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| Signature of Representative (or Individual applicant or owner of sole proprietorship) | | |  | | Date | Click |
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| Printed Name | | Click or tap here to enter text. | |  | |  |
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| Job Title | Click or tap here to enter text. | | |  |  | |

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| **SECTION VI - *For OMCCR Use Only:*** | | | | | | |
| Attachment Checklist  All items must be accounted for before approval or rejection. | | | | | | |
| 1 |  | Click or tap here to enter text. | 4 |  | Click or tap here to enter text. | |
| 2 |  | Click or tap here to enter text. | 5 |  | Click or tap here to enter text. | |
| 3 |  | Click or tap here to enter text. | 6 |  | Click or tap here to enter text. | |
| **APPLICATION STATUS** | | | | | | |
| APPROVED | | | | | | |
| Signature | | | | | | Date Click or tap to enter a date. |
| NOT APPROVED | | | | | | |
| Signature | | | | | | Date Click or tap to enter a date. |
| COMMENTS | | | | | | |
| Click or tap here to enter text. | | | | | | |

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| Completed by: Click or tap here to enter text. | Date: Click or tap to enter a date. |