

**OFFICE OF THE STATE FIRE MARSHAL
HEMP PROCESSOR APPLICATION**

Please check: New Renewal

COMPLETE ALL 9 SECTIONS IN FULL – PRINT LEGIBLY			REFER TO K.A.R. 22-26-2 FOR GUIDELINES		
1. APPLICANT LEGAL NAME: <i>For background purposes, use full legal name. This name will also be printed on applicant's permit.</i> <hr/> <div style="display: flex; justify-content: space-between;"> Last First MI </div>			2. Applicant's Permit #: <div style="text-align: right;">(if renewal)</div>		
3. PERSONAL INFORMATION: Date of Birth: ____/____/____ Current Age (in years): ____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Last 4 Digits of Social Security #: _____ Driver's License _____ State _____ U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a U.S. citizen, please provide Alien Registration #: _____ Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No					
4. CONTACT INFORMATION: Home: () Mobile: () E-mail: _____					
5. BUSINESS INFORMATION: <hr/> Business Name _____ <hr/> <div style="display: flex; justify-content: space-between;"> Address City State ZIP </div> <hr/> Latitude and Longitude of location _____					
6. PHYSICAL & MAILING ADDRESS: <i>(Physical address of any buildings that are owned/leased by the company and used in any part of the processing operation)</i> <hr/> <i>Physical Address</i> <hr/> <div style="display: flex; justify-content: space-between;"> City County State ZIP </div> <hr/> <i>Mailing Address (For official correspondence with our office)</i> <hr/> <div style="display: flex; justify-content: space-between;"> City County State ZIP </div>					
7. ADDITIONAL OFFICERS, PROPRIETORS, PARTNERS OF ENTITY OR EMPLOYEES <i>(each owner of more than a 10% interest in the processing operation)</i>					
				Type: Proprietor Partner Officer Employee	
Last Date of Birth: ____/____/____ Current Age (in years): ____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Last 4 Digits of Social Security #: _____ Driver's License _____ State _____ U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a U.S. citizen, please provide Alien Registration #: _____ Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No					

7a. ADDITIONAL OFFICERS, PROPRIETORS, PARTNERS OF ENTITY OR EMPLOYEES

(each owner of more than a 10% interest in the processing operation)

Type: Proprietor Partner
Officer Employee

 Last First MI
 Date of Birth: ____/____/____ Current Age (in years): _____ Gender: Male Female
 Last 4 Digits of Social Security #: _____ Driver's License _____ State _____
 U.S. Citizen? Yes No If not a U.S. citizen, please provide Alien Registration #: _____
 Have you been convicted of a felony? Yes No

7b. ADDITIONAL OFFICERS, PROPRIETORS, PARTNERS OF ENTITY OR EMPLOYEES

(each owner of more than a 10% interest in the processing operation)

Type: Proprietor Partner
Officer Employee

 Last First MI
 Date of Birth: ____/____/____ Current Age (in years): _____ Gender: Male Female
 Last 4 Digits of Social Security #: _____ Driver's License _____ State _____
 U.S. Citizen? Yes No If not a U.S. citizen, please provide Alien Registration #: _____
 Have you been convicted of a felony? Yes No

**If more space is needed for individuals, attach additional pages with their complete information as supporting documentation.

8. Description

Hemp Processing Method Used: Ethanol CO2 Cold Press Agricultural Processor

A brief description of the industrial hemp processing methods that will be used, activities that will be undertaken, and finished products planned for production.

9. APPLICANT'S SIGNATURE

Under the penalties imposed by K.S.A. 21-3805, I declare that I have examined this application and any documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct and complete. I also certify that I am familiar with all published state laws and local ordinances relating to hemp processing for the location(s) in which I intend to do business.

Applicant Signature _____ Date ____/____/____
(must sign legibly)

FOR OSFM USE ONLY REQUIREMENTS MET BACKGROUND CLEARED FBI #

Return completed application with supporting documentation to the Office of the State Fire Marshal, ATTN: HEMP Processing, 800 SW Jackson St, Ste 104, Topeka KS 66612, SECURE FAX (785) 368-6559, E-mail KSFM_Hemp@ks.gov

Attach following supporting documentation to application when mailing or emailing:

- Additional officers, proprietors, partners of entity and/or employees.
- Policies and procedures manual
- Fingerprint cards, signed Consent to Search forms and criminal background checks for applicant, additional officers, proprietors, partners of entity and/or employees
- Code Footprints

Supporting documentation can be provided after application is submitted if necessary.

Once your application is approved, you will be notified of any fees that are due.