

LOUISIANA DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH
FOOD AND DRUG/MILK AND DAIRY UNIT
628 N. 4th ST./P.O. BOX 4489
BATON ROUGE, LA 70821-4489
PHONE: (225) 342-7533 * FAX: (225) 342-7672



NEW COMPANY INITIAL APPLICATION

Application for Consumable Hemp Products as approved for use by Act 336 of the 2021 Louisiana Legislature

Date		Registration No. (For Office Use Only)	
Company Contact Person	Taxpayer ID	Telephone No.	Fax No.
Name of Manufacturer, Distributor, Packer, Processor, or Importer (EXACTLY AS IT APPEARS ON THE LABEL)			
Address	City	State	ZIP Code
If this is a private-label/copacked product, list the name of the actual manufacturer here			
Address	City	State	ZIP Code
Name of firm submitting application			
Address (Mailing)	City	State	ZIP Code
Signature of Executive Officer, Proprietor, Partner, or Agent for Service of Process		Title	
APPLICATION IS HEREBY MADE BY THE ABOVE-REFERENCED INDIVIDUALS/COMPANIES TO SELL OR OTHERWISE DISTRIBUTE CONSUMABLE HEMP PRODUCTS IN THE STATE OF LOUISIANA, IN ACCORDANCE WITH LSA R.S. 3: 1483 <i>ET SEQ.</i> APPLICATION IS BEING MADE IN THE NAME OF THE RESPONSIBLE PARTY FOR THE AFOREMENTIONED PRODUCTS, WHOSE NAME AND ADDRESS APPEAR ON THE LABELS, AS REQUIRED BY STATE LAW. YOU MUST NOTIFY THIS OFFICE IF ANY OF THE INFORMATION ON THIS FORM CHANGES OR YOU INTEND TO CEASE DISTRIBUTION OF REGULATED PRODUCTS IN THIS STATE.			
REGISTRATION FEE: EFFECTIVE JUNE 6, 2019, THE FEE FOR CONSUMABLE HEMP PRODUCT REGISTRATION IS \$50 PER PRODUCT. MULTIPLY \$50 BY THE NUMBER OF PRODUCTS YOU INTEND TO REGISTER AND ENTER THAT NUMBER IN THE LINE TO THE RIGHT. NOTE THAT IF YOU ARE REGISTERING MORE THAN ONE DBA, YOU MUST USE MORE THAN ONE FD-10(N). MAKE ALL REMITTANCES PAYABLE TO LDH.		Total number of products to register: <input style="width: 40px; height: 20px;" type="text"/>	Fee attached _____
MY PRODUCTS WILL BE DISTRIBUTED THROUGH MEANS OF (CHECK ONE) <input type="checkbox"/> SELF-DISTRIBUTION. <input type="checkbox"/> I HAVE ATTACHED A LIST OF IN-STATE DISTRIBUTORS WHO WILL BE HANDLING MY PRODUCTS.			
ENSURE THAT YOU HAVE ATTACHED A PRODUCT LIST AND ELECTRONIC OR PAPER COPIES OF LABELS OR LABEL PROOFS. <u>INCOMPLETE REGISTRATION PACKETS WILL BE RETURNED WITHOUT PROCESSING.</u>			
FOR OFFICE USE ONLY			
REGISTRATION YEAR _____	CHECK NUMBER _____	PROCESSED BY _____	
SHEET NUMBER _____	CHECK DATE _____	CERTIFICATE TYPE _____	
SHEET DATE _____	REGISTRATION NUMBER _____		