

Instructions

- Complete all parts of the following form to renew your MA Hemp Producer License. *Incomplete applications will not be processed.*
- **Deadline:** Renewals must be received by MDAR no later than December 1.
- **Eligibility:** To be eligible for a hemp license renewal, you must have a current and active hemp license. If there are any changes to your license such as: new applicants, name changes, or business name changes, your license is not eligible for renewal and a new application must be submitted. Changes to proposed hemp growing and/or processing locations do not require a new license.
- Submit this renewal application with all required attachments and the \$100 renewal application fee.
- Upon approval, a Licensing fee will become due prior to issuance. Production or Processing of Hemp without a license is a violation of state and federal law and may result in legal action.
- Hemp Licenses are **NOT transferrable or assignable** and cannot be used by any other individual or entity not included in this application.

**Mail completed form, fees
and attachments to:**

Massachusetts Department of Agricultural Resources
225 Turnpike Road; Room 302
Southborough, MA 01772
attn.: **Hemp Program**

Make checks payable to: *Commonwealth of Massachusetts*

Instructions for Licensing Sites

- Each Production must be designated by a specific property address or parcel number. You may license multiple Sites with different addresses by attaching additional copies of the Site Licensing sheet. You cannot engage in any activity at any location not approved by MDAR.
- You may have multiple production areas (i.e., fields, greenhouses, barns, or storage areas) at each Site.
- Maps must be included for each Site. You may submit new Sites with this renewal application.
- Previously licensed Sites must include FSA Farm/Tract Numbers.
- For each Site, you are required to provide an **aerial photograph map** with this application. All maps must include:
 - Aerial photograph of the Site
 - Site Name and Address or Parcel Number
 - GPS coordinates in **decimal degrees** (ex. 42.3664, -71.0588)
 - Site features must include *clearly marked boundaries of the proposed growing, storage, and drying areas*

Additional Resources:

FSA Farm Registration: <https://www.mass.gov/guides/resources-for-hemp-program-licensees#fsa-reporting->

Instructions for creating a map: <https://www.mass.gov/doc/instructions-how-to-create-a-map-of-your-site/download>

Find your GPS Coordinates: <https://www.mass.gov/doc/instructions-how-to-find-your-gps-coordinates-latitude/longitude/download>

MDAR Hemp Licenses are valid **ONLY** for the Licensee as indicated here and for the location(s) designated and approved within this application. You **MUST** include any business name, including your d/b/a. Any businesses that are considered "legally" separate may not be covered under a single license. Each d/b/a, LLC, corporation, or other lawfully created entity under the laws of the Commonwealth or any other state must submit a separate license application.

Renewal Information:

License Number:

Licensee Name (may be individual or business entity):

Primary Contact Name:

Business Name (if different):

Mailing Address:

City:

State:

ZIP Code:

Primary phone: ☐ cell ☐ home ☐ work

Email:

EIN number (if applicable – Do NOT use your individual social security number):

Key Participant Information

Key Participants are defined as individual applicants, or any person who has a direct or indirect financial interest in the entity producing hemp, including but not limited to, owner(s) or partner(s) in a partnership, officers, directors, the chief executive officer, chief operating officer, or chief financial officer in a corporation, or the trustees of a trust. It does not include such management as farm, field or shift managers, unless those individuals are also identified above.

An [FBI Identity History Summary](#) is required for each Key Participant in accordance with 7 CFR 990. New FBI Identity History Summaries must be current to within sixty (60) days of submitting this renewal.

You must obtain your FBI Identity History Summary via the Federal Bureau of Investigations (FBI) and a copy must be included with this application: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

Your FBI Identity History Summary will be kept on file for 3 years. A new [FBI Identity History Summary](#) must be submitted every 3 years.

No Individual Applicant or Key Participant may have been convicted of a drug-related felony within the last 10 years.

Please list all Key Participants. You may attach additional sheets if necessary.

| | |
|-----------------------|------------------------------------|
| Key Participant Name: | Title: |
| Email: | FBI Identity History Summary Date: |
| Key Participant Name: | Title: |
| Email: | FBI Identity History Summary Date: |
| Key Participant Name: | Title: |
| Email: | FBI Identity History Summary Date: |

| Production Site Licensing Information | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|
| Site Name: | | |
| Site Address: | | |
| City: | Zip Code: | Previously Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| FSA Farm No.: | FSA Tract No.: | |
| Total acreage of all hemp to be licensed outdoors at this location: | | |
| Total square footage of all hemp to be licensed indoors at this location: | | |
| Statement of Property Ownership: Are you the owner of the property listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, (please initial) _____ I certify that I have permission to use the property listed in this application for cultivation and/or processing of hemp. MDAR is not responsible for any issues that arise between a licensee and property owner. | | |
| Property Owner or Manager Name (if different from Applicant): | | |
| Owner/Manager Phone: | Owner/Manager Email: | |

Please provide the following information for each field, greenhouse, barn, or other area to be licensed at the Site listed above (attach additional sheets if necessary):

| Production Area Detail | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Field/Greenhouse Name: | Size: <input type="checkbox"/> acres <input type="checkbox"/> ft ² | |
| Primary Use (check all that apply): <input type="checkbox"/> Plant Starts <input type="checkbox"/> Cultivation <input type="checkbox"/> Storage <input type="checkbox"/> Drying | | |
| Latitude: | Longitude:- | <input type="checkbox"/> indoor <input type="checkbox"/> outdoor |
| Production Area Detail | | |
| Field/Greenhouse Name: | Size: <input type="checkbox"/> acres <input type="checkbox"/> ft ² | |
| Primary Use (check all that apply): <input type="checkbox"/> Plant Starts <input type="checkbox"/> Cultivation <input type="checkbox"/> Storage <input type="checkbox"/> Drying | | |
| Latitude: | Longitude: - | <input type="checkbox"/> indoor <input type="checkbox"/> outdoor: |
| Production Area Detail | | |
| Field/Greenhouse Name: | Size: <input type="checkbox"/> acres <input type="checkbox"/> ft ² | |
| Primary Use (check all that apply): <input type="checkbox"/> Plant Starts <input type="checkbox"/> Cultivation <input type="checkbox"/> Storage <input type="checkbox"/> Drying | | |
| Latitude: | Longitude: - | <input type="checkbox"/> indoor <input type="checkbox"/> outdoor |

Note: Site and growing area names will be required for filing planting and harvest reports.
 Latitude and Longitude must reported in **decimal degrees** (ex. 42.3664, -71.0588).

Producer Certifications: *By signing this application and initialing where required, the individual signing hereby acknowledges that they have the legal authority to bind the applicant and agrees to the following:*

(please initial): _____ I understand that upon approval of my application, I will be required to provide certain reporting information to the Farm Service Agency (FSA) as required by the USDA Final Rule and 330 CMR 32.04(5).

(please initial): _____ I understand that the seeds obtained for planting will be of a type and variety that do not exceed the maximum concentration of total THC as set forth in M.G.L. c. 128, Sections 116 through 123 and the regulation promulgated thereunder at 330 CMR 32.00, Hemp Production, and must be approved by MDAR before planting. I understand that any cannabis produced that exceeds the maximum concentration of total THC as set forth by state and federal law shall be subject to destruction.

(please initial): _____ I understand that it is my responsibility to read and understand all applicable state and federal laws, regulations, and rules that govern the production of hemp, including but not limited to, 7 CFR 990, M.G.L. c. 128, Sections 116 through 123, and the regulation promulgated thereunder at 330 CMR 32.00, Hemp Production, and any rules, policies, or regulations promulgated thereunder.

Property Certifications: *By signing this application and initialing where required, the individual signing hereby acknowledges that they have the legal authority to bind the applicant and agrees to the following:*

(please initial): _____ I certify that the Production and Processing Site Map(s) accurately represent the proposed area(s) to be used for Hemp Processing and/or Production, including storage and drying, and are attached to this application.

(please initial): _____ I certify that I have permission to use all Site locations listed in this application for the production and/or processing of hemp. I further understand that if the property owner rescinds permission to use any or all of the Site locations listed in this application that this will result in the suspension, revocation, or non-renewal of my license. MDAR is not responsible for any issues that arise between me and the property owner.

(please initial): _____ I understand that if any Site is subject to an Agricultural Preservation Restriction ("APR") or Agricultural Covenant held by MDAR, all activity must be conducted in accordance with the terms of the APR or Agricultural Covenant. I further understand that it is my responsibility to review and understand the terms and conditions set forth in the APR or Agricultural Covenant before commencing operation.

Is any property listed on this application subject to an APR? ☐ Yes ☐ No

If yes, please contact MDAR's APR Program to ensure compliance with any applicable requirements of the APR. <https://www.mass.gov/agricultural-preservation-restriction-apr-program>

Is any property listed on this application subject to an Agricultural Covenant? ☐ Yes ☐ No

If yes, please contact MDAR's Farm Viability Program to ensure compliance with the terms of the Agricultural Covenant. <https://www.mass.gov/service-details/farm-viability-enhancement-program-fvep>

General Certifications: *By signing this application and initialing where required, the individual signing hereby acknowledges that they have the legal authority to bind the applicant and agrees to the following:*

(please initial): _____ I understand that the production of hemp in Massachusetts must be done so in accordance with applicable state and federal law, including but not limited to, the Agricultural Improvement Act of 2018, USDA's Final Hemp Production Rule at 7 CFR 990 ("USDA Final Rule"), M.G.L. c. 128, Sections 116 through 123, and the regulation promulgated thereunder at 330 CMR 32.00, Hemp Production. I further understand that producing hemp in violation of federal and state law may include further legal action as authorized by applicable federal and state law. This includes destruction of any crops produced in violation of applicable state and federal law.

(please initial): _____ I understand that processing hemp must be done so in accordance with applicable state law, including but not limited to, M.G.L. c. 128, Sections 116 through 123 and the regulation promulgated thereunder at 330 CMR 32.00, Hemp Production. I further understand that processing hemp in violation of state law may include further legal action as authorized by applicable state law. This includes the destruction of any hemp or hemp-derived products processed in violation of applicable state law.

(please initial): _____ I understand that it is my responsibility to ensure that I obtain any other applicable licenses, permits, or approvals required by local or state law for the type of activity to be conducted and that failure to do so may result in enforcement action, included but not limited to, the loss of my hemp license. This includes, but is not limited to, building permits and approvals under any applicable state statute or regulation or municipal regulation, ordinance, or bylaw, including but not limited to, wetland regulations, M.G.L. c. 131, Section 40, the Wetlands Protection Act, or M.G.L. c. 131A, the Massachusetts Endangered Species Act. I further understand that these licenses, permits, or approvals, may be needed prior to any activity begins and that any hemp license does not supersede or exempt the activity from any other applicable law.

(please initial): _____ I understand that any individual or entity registered by MDAR to produce or process hemp shall be subject to audit, inspection, and testing pursuant to the USDA Final Rule, as applicable, M.G.L. c. 128, Sections 116 through 123, and the regulation promulgated thereunder at 330 CMR 32.00, Hemp Production at the discretion of MDAR.

(please initial): _____ I hereby give consent for MDAR to conduct both scheduled and random inspections of and around the premises on which hemp is being sown, grown, harvested, stored, or processed.

(please initial): _____ I understand that upon approval of my application, MDAR may share the location of my grow and processing sites with municipal officials, including but not limited to, the chief elected or appointed official, local law enforcement, and fire safety officials in the municipality where hemp will be produced or processed. I further understand that any information obtained by MDAR may be disclosed without further notice unless otherwise prohibited by law.

(please initial): _____ I understand that upon approval of my application, my MDAR Hemp License is valid only for the licensed entity at the locations indicated within this application. Licenses are not transferrable or assignable and may not be used by unlicensed entities under any circumstances.

I hereby certify that, to the best of my knowledge, all information provided in this renewal application is true and accurate. I understand that providing false, inaccurate, or misleading information is grounds for renewal denial, suspension, or revocation pursuant to the USDA Final Rule, M.G.L. c. 128, Sections 116 through 123, and the regulation promulgated thereunder at 330 CMR 32.00, Hemp Production. I further understand that my license to produce or process hemp in the Commonwealth expires on December 31st and that if I fail to submit a renewal application and obtain a license for the following year I am no longer considered licensed to produce or process hemp under state or federal law.

I hereby certify that I will comply with applicable state and federal laws, regulations, and rules that govern the production of hemp, including but not limited to, M.G.L. c. 128, Sections 116 through 123, and the regulation promulgated thereunder at 330 CMR 32.00, Hemp Production, and any rules, policies, or regulations promulgated thereunder, and the USDA Final Rule. I understand that failing to comply with such requirements may result in the denial, suspension, or revocation of any license, may subject me to fines in accordance with M.G.L. c. 128, Section 123, and/or further legal action as authorized by state and federal law.

I have read this renewal application, understand the requirements in it, and I agree to hold harmless and release the Commonwealth of Massachusetts, its officers, employees, contractors or agents from any and all claims, actions, suits, damages, judgments, attorneys' fees, or prosecution of any kind, that may arise due to my cultivation of industrial hemp conducted in accordance with the Industrial Hemp Program administered by the Massachusetts Department of Agricultural Resources pursuant to the USDA Final Rule, M.G.L. c. 128, Sections 116 through 123, and the regulation promulgated thereunder at 330 CMR 32.00, Hemp Production.

Signature: _____

Printed Name: _____ Date: _____

For official use

Date Received:

CHR Review: ☐ OK ☐ Not Attached ☐ Issue (explain): _____ Date: _____

Payment: ☐ Check ☐ Money Order Number: _____ Amt.: \$ _____

Application Attachments Checklist

- ☐ Maps for each growing and processing site that include:
 - Site Name
 - Address or Parcel Number
 - GPS coordinates in **decimal degrees** (ex. 42.3664, -71.0588)
 - Clearly marked boundaries of the growing and processing areas
 - Instructions for creating a map: <https://www.mass.gov/doc/instructions-how-to-create-a-map-of-your-site/download>
 - Find your GPS Coordinates: <https://www.mass.gov/doc/instructions-how-to-find-your-gps-coordinates-latitude/longitude/download>
- ☐ \$100 non-refundable renewal application fee
- ☐ A criminal history report for each Key Participant (*If Criminal History Reports were previously submitted and you received your license in the last 3 years, you will **not** need to attach these reports to your renewal*)
 - New Criminal History Reports must be current to within sixty (60) days of submitting this renewal. Criminal History Reports are kept on file for 3 years. After 3 years, a new Criminal History Report must be submitted.
 - Criminal history reports may be obtained via the Federal Bureau of Investigations and should be included with this application: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>
- ☐ Please keep a copy of this renewal for your records.

Please mail renewal, supporting materials, attachments, and payment to:

MDAR Hemp Program

225 Turnpike Road; Room 302
Southborough, MA 01772

Make checks payable to:

Commonwealth of Massachusetts

Questions? mahemp@mass.gov

Or visit: <https://www.mass.gov/industrial-hemp-program>