

Directions

Complete the form below for any revisions that you wish to be made to your license. Once completed, please send the form to the address below:

Mail to: **MDAR Hemp Program**
225 Turnpike Road; 3rd Floor
Southborough, MA 01772

Or email: **MAHemp@mass.gov**

Licensee Information

Licensee Name:	License Number:
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Primary Contact Name:	Email:
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Site Designation and Maps:

Each site must be designated by a specific address. You may have multiple growing areas at each site. For each site, you are required to provide an aerial photograph map that includes:

- Site Name
- Site Address
- GPS coordinates in **decimal degrees** (ex. 42.3664, -71.0588)
- Site features including *clearly marked boundaries of the proposed growing areas*

Amendment Type

☐ Add New Production Location

☐ Add New Production Area to existing Location

→	FSA Farm No.:	FSA Tract No.:
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☐ Update/Change Production Area at existing Location

→	FSA Farm No.:	FSA Tract No.:
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Each Production Site must be designated by a specific property address or parcel number. You may license multiple Sites with different addresses by completing additional copies of this form.

Production Site Licensing Information

Site Name:

Site Address:

City:

Zip Code:

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:



MDAR Hemp Production Site Amendment Form

Please provide the following information for each field, greenhouse, barn, or other area to be licensed at the Site listed on page 1 (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
<input type="checkbox"/> New <input type="checkbox"/> Update Site Description:		
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
<input type="checkbox"/> New <input type="checkbox"/> Update Site Description:		
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
<input type="checkbox"/> New <input type="checkbox"/> Update Site Description:		
Property Information		
Statement of Property Ownership: Are you the owner of the growing location listed? <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. The Department 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:	
Agricultural Preservation Restriction (APR): Is any property listed in this application subject to an APR? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please make sure to review the terms of the APR and contact MDAR's APR Program with any questions.		
Is this property subject to an Agricultural Covenant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please make sure to review the terms of the Agricultural Covenant and contract MDAR's Farm Viability Program with any questions.		
Licensee Signature:		
Printed Name:	Date:	

For Official Use:

Amendment no.

Date Received: