

**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:**                    **Massachusetts Department of Agricultural Resources**  
**Hemp Program**  
 225 Turnpike Road; 3rd Floor  
 Southborough, MA 01772

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

**Licensee Information**

Licensee Name:	License Number:
Primary Contact Name:	Email:

**Processing Site Information** For more information on creating a site map or finding your GPS coordinates, please visit:  
<https://www.mass.gov/how-to/ma-industrial-hemp-program-licensing>

**Location Designation and Maps:**

Each location must be designated by a specific address. For each location, you are required to provide an aerial photograph map that includes:

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

**Amendment Type**

☐ New Processing Location   ☐ Update/Change Processing Area   ☐ Update/Change Processor Type

**Processor Type**

☐ Extractor   ☐ Manufacturer   ☐ Both

**Processing Location Information**

Processing Location Name:		
Processing Location Address:		
City:	State:	Zip Code:
Latitude:	Longitude:	
Site Description:		

**Property Information**
**Statement of Property Ownership:** Are you the owner of the processing location listed?

☐ Yes ☐ No **If No, (please initial)** \_\_\_\_\_ *I certify that I have permission to use the property listed in this application for 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 Phone:

Agricultural Preservation Restriction (APR): Is any property listed in this application subject to an APR? ☐ **Yes** ☐ **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? ☐ **Yes** ☐ **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: