

### 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**  
 251 Causeway St  
 Boston, MA 02114

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

### Licensee Information

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

*Please provide the following information for each new growing location. You may have multiple growing areas (i.e. fields or greenhouses) at each location. If you would like to add multiple growing locations, you must fill out additional copies of this form.*

### 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 Growing Location
- ☐ Add New Growing Area to existing Location
- ☐ Update/Change Growing Area at existing Location

### Growing Location Information

Growing Location Name:

Growing Location Address:

City:

State:

Zip Code:

Total acreage of all hemp to be planted **outdoors** at this location:

Total square footage of all hemp to be planted **indoors** at this location:

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

☐ Yes ☐ 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? ☐ 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.**
*Please provide the following information for each Growing Area at the Location listed on page 1 (attach additional sheets if necessary):*
**Growing Area Detail**
**Growing Area Name:** ☐ indoor ☐ outdoor **Size:** ☐ acres ☐ ft<sup>2</sup>
**Latitude:**
**Longitude:**
**Varieties to be planted on site:**
☐ New ☐ Update | **Site Description:**
**Growing Area Detail**
**Growing Area Name:** ☐ indoor ☐ outdoor **Size:** ☐ acres ☐ ft<sup>2</sup>
**Latitude:**
**Longitude:**
**Varieties to be planted on site:**
☐ New ☐ Update | **Site Description:**
**Growing Area Detail**
**Growing Area Name:** ☐ indoor ☐ outdoor **Size:** ☐ acres ☐ ft<sup>2</sup>
**Latitude:**
**Longitude:**
**Varieties to be planted on site:**
☐ New ☐ Update | **Site Description:**
**Licensee Signature:**
**Printed Name:**
**Date:**
*For Official Use:*
**Amendment no.**
**Date Received:**