

Instructions

- > Deadline: Applications must be received by the Department no later than April 30.
- Complete <u>all</u> parts of the following form to apply for a MA Hemp Producer/Processor Dual License. *Incomplete applications will not be processed.*
- Submit this application with all required maps, attachments, and the \$100 application fee.
- Upon approval, you will be billed for a Licensing fee, 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.

Massachusetts Department of Agricultural Resources

225 Turnpike Road; Room 302 Southborough, MA 01772

Mail completed form, fees Southborough, MA 01 attachments to: 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 <u>each</u> 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-latitudelongitude/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.

under the laws of the Commonwealth or ar	ny other state must submit	a separate	license application.	
1. Applicant Information:				
Applicant Name (may be individual or	business entity – this is t	he name t	hat will appear on your license):	
Primary Contact Name:				
Business Name (if applicable):				
Mailing Address:				
City:	State:	ZIP Code:		
Primary phone: □cell □home □wor	k	Email:		
EIN number (if applicable – Do NOT us	se your individual social s	ecurity nu	mber):	
2. Key Participant Information				
Key Participants are defined as individed interest in the entity producing hemologicers, directors, the chief executive corporation, or the trustees of a trust managers, unless those individuals and An FBI Identity History Summary is real Identity History Summaries must be a You must obtain your FBI Identity History must be included with this applicated. Your FBI Identity History Summary with be submitted every 3 years. No Individual Applicant or Key Particing 10 years.	o, including but not limited officer, chief operating to the description of the conficer of the confidence of the confid	ed to, own officer, or n manager icipant in a color days of service ars. A new victed of a	er(s) or partner(s) in a partnership, chief financial officer in a ment as farm, field or shift accordance with 7 CFR 990. New FBI submitting this renewal. eau of Investigations (FBI) and a ces/cjis/identity-history-summary-	
Please list <u>all</u> Key Participants. You ma		ts if neces	sary.	
Key Participant Name:	· ·			
Email:	FBI iden	tity Histor	y Summary Date:	
Key Participant Name:		tle:		
Email:	FBI Iden	tity Histor	y Summary Date:	
Key Participant Name:	Title:			
Email:	FBI Iden	tity Histor	y Summary Date:	



3. Production Site Licensing						
Site Name:						
Site Address:						
City:		Zip Code:				
Total acreage of all hemp to be lice	nsed <i>outdoo</i>	rs at this location	:			
Total square footage of all hemp to	be licensed	<i>indoors</i> at this loc	ation	:		
Statement of Property Ownership: Yes No If No, (please initial): hemp. MDAR is not responsible for any issues that ari	I certify the	at I have permission to use				on of
Property Owner or Manager Name	(if different j	from Applicant):				
Owner/Manager Phone: Owner/Man			Ema	il:		
Please provide the following information for above (attach additional sheets if necessary		enhouse, barn, or oth	er are	a to be licer	nsed at the Si	te listed
4. Production Area Detail						
Field/Greenhouse Name:			Size):	□acres	□ft²
Primary Use (<i>check all that apply</i>): □F	Plant Starts	□Cultivation	□St	orage	\square Drying	
Latitude:	Longitude:	-		□indoo	r □oι	utdoor
5. Production Area Detail						
Field/Greenhouse Name:			Size	::	□acres	□ft²
Primary Use (<i>check all that apply</i>):	Plant Starts	☐ Cultivation	□St	orage	□Drying	
Latitude:	Longitude:			□indoo	r □ou	ıtdoor:
6. Production Area Detail						
Field/Greenhouse Name:			Size	: :	\square acres	$\Box ft^2$
Primary Use (<i>check all that apply</i>): □F	Plant Starts	☐ Cultivation	□St	orage	\square Drying	
Latitude:	Longitude: -			□indoo	r □ou	itdoor
7. Production Area Detail						
Field/Greenhouse Name:			Size	::	\square acres	$\Box ft^2$
Primary Use (check all that apply):	Plant Starts	☐ Cultivation	□St	orage	□Drying	
Latitude:	Longitude: -			□indoo	r 🗆 ou	itdoor
		 			· · · · · · · · · · · · · · · · · · ·	

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).



8. 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 forthin 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.
9. 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



10. General Certifications: By signing this application and initialing where required, the individual signing here 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 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 and/or processing 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, and 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 license 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:	

	Fo	r 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-latitudelongitude/download
	\$100 non-refundable application fee
	An FBI Identity History Summary report for each Key Participant
	FBI Reports must be current to within sixty (60) days of submitting this application.
	FBI Reports are kept on file for 3 years. After 3 years, new FBI Reports must be submitted
	FBI Reports must be obtained via the Federal Bureau of Investigations:
	https://www.fbi.gov/services/cjis/identity-history-summary-checks
	Tittps://www.fbf.gov/scrvices/ejis/factitity filstory suffittiary effects
	Please keep a copy of this application for your records.
Ple	ase mail renewal, supporting materials, attachments, and payment to:
MD	DAR Hemp Program
225	5 Turnpike Road; Room 302
Sou	uthborough, MA 01772
Ma	ike checks payable to:
Cor	mmonwealth of Massachusetts
Qu	estions? mahemp@mass.gov

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