

**Directions**

Complete all parts of the following application to be licensed for growing and processing industrial hemp in the Commonwealth and submit along with the \$100 non-refundable application fee, and all required attachments. Incomplete applications will not be processed until all required information is received.

**Massachusetts Department of Agricultural Resources  
Hemp Program**

**Mail to:** 251 Causeway Street; Suite 500  
Boston, MA 02114  
attn.: Sarah Grubin

*Please type or print clearly. Incomplete or illegible forms will be returned. Please list the Applicant Name as the individual or business entity to which the License will be issued.*

**Applicant Information**

Is this a renewal? ☐ Yes ☐ No If Yes, previous license number\*:

Applicant Name (Individual or Business Entity):

Primary Contact Name:

Business Name (if different):

Mailing Address:

City:

State:

ZIP Code:

Phone: ☐ cell ☐ home ☐ work

Phone: ☐ cell ☐ home ☐ work

Email:

EIN number:

Will you be breeding hemp? ☐ Yes ☐ No If yes, ☐ seeds ☐ clones

*\*Beginning in 2020 new license numbers will be issued upon renewal to comply with the requirements of the USDA Interim Final Rule.*

**Directory Information Opt-in**

*Our program discloses limited information to the public about you and/or your business regarding your MA Hemp Producer License. This information, including your name, business name, and license number will be placed in an online directory on the mass.gov website. If you would like additional contact information to be available, please opt-in below.*

☐ Yes ☐ No

I would like my contact information available in the online directory. The contact information available on the directory may include your mailing address, phone number, email address and/or website.

### Key Participants

*A criminal history report is required for each Individual Applicant and/or Key Participant and must be current to within 60 days of submitting this application. 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>. Attach additional sheets as needed.*

*Please list all Key Participants below. Key Participants are 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.*

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

### Key Participant Information

Key Participant Name:

Key Participant Title:

Convicted of a drug-related felony within the last ten (10) years? ☐ Yes ☐ No

Key Participant Name:

Key Participant Title:

Convicted of a drug-related felony within the last ten (10) years? ☐ Yes ☐ No

Key Participant Name:

Key Participant Title:

Convicted of a drug-related felony within the last ten (10) years? ☐ Yes ☐ No

Key Participant Name:

Key Participant Title:

Convicted of a drug-related felony within the last ten (10) years? ☐ Yes ☐ No

**Growing Location Information** Please provide the following information for each Growing Location. You may have multiple growing areas (i.e. fields or greenhouses) at each location. If you would like to license multiple locations, you may attach additional copies of this sheet.

**Site Designation and Maps:**

Each location must be designated by a specific address. You may have multiple growing sites at each location. For each site, 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 growing areas

**Growing Location and Property Information**

Growing Location Name:

**Statement of Property Ownership:** Are you the owner of the property listed below?

☐ 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:

Grow Site 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:

Agricultural Preservation Restriction (APR): Is any property listed in this application subject to an APR? ☐ Yes ☐ No *If yes, please include written approval from the holder of the APR. All applications will be reviewed by the Department's APR Program to confirm the status of any APR held by the Department.*

Is this property subject to an Agricultural Covenant? ☐ Yes ☐ No *If yes, please include written approval from the holder of the Agricultural Covenant. All applications will be reviewed by the Department's Farm Viability Program to confirm the status of any Agricultural Covenant held by the Department.*

Please provide the following information for each Growing Area at the Location listed above (attach separate sheets if necessary):

**Growing Area Detail**

Growing Area Name: ☐ indoor ☐ outdoor Size: ☐ acres ☐ ft<sup>2</sup>

Latitude:

Longitude:

Site Description:

**Growing Area Detail**

Growing Area Name: ☐ indoor ☐ outdoor Size: ☐ acres ☐ ft<sup>2</sup>

Latitude:

Longitude:

Site Description:

**Growing Area Detail**

Growing Area Name: ☐ indoor ☐ outdoor Size: ☐ acres ☐ ft<sup>2</sup>

Latitude:

Longitude:

Site Description:

Note: If your sites are approved, site names and grow area names will be required for filing planting and harvest reports.

**Processing Site Information** Please provide the following information for each Processing Site. If you would like to license multiple processing sites, you may attach additional copies of this sheet.

**Site Designation and Maps:**

The processing site must be designated by a specific address. For each site, you MUST 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 area*

**Type of Processor**

- ☐ **Extractor:** entity that removes a product from the hemp plant such as fiber, seed, oil, etc.
- ☐ **Manufacturer:** entity that produces a product that will be packaged, labeled and ready for sale
- ☐ **Both**

**Property Information**

**Statement of Property Ownership:** Are you the owner of the property listed below?

- ☐ 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:

Owner/Manager Address:

City:

State:

Zip Code:

**Agricultural Preservation Restriction (APR):** Is any property listed in this application subject to an APR? ☐ **Yes** ☐ **No** **If yes, please include written approval from the holder of the APR. All applications will be reviewed by the Department's APR Program to confirm the status of any APR held by the Department.**

**Is this property subject to an Agricultural Covenant?** ☐ **Yes** ☐ **No** **If yes, please include written approval from the holder of the Agricultural Covenant. All applications will be reviewed by the Department's Farm Viability Program to confirm the status of any Agricultural Covenant held by the Department.**

**Processing Site**

Processing Site Name:

Physical Address:

City:

State:

Zip Code:

Latitude:

Longitude:

Site Description:

**Certification language:**

*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 may be a violation of state and federal law, unless done so in accordance with applicable state and federal law, including but not limited to, the 2018 Farm Bill, USDA Interim Final Rules, and M.G.L. c. 128.

(please initial): \_\_\_\_\_ I understand that producing hemp in violation of federal and state law may include further legal action in accordance with the 2018 Farm Bill and applicable federal law.

(please initial): \_\_\_\_\_ I understand that producing hemp in violation of the USDA Interim Final Rule or state law may result in enforcement action by the Department or as otherwise authorized by the USDA Interim Final Rule.

(please initial): \_\_\_\_\_ I understand that if the growing or processing site(s) is subject to an Agricultural Preservation Restriction ("APR") or Agricultural Covenant, the land may not be eligible for use in the Department's Hemp Program. 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 submitting this application.

(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 production license.

(please initial): \_\_\_\_\_ I understand that any individual/entity registered by the Department to grow or process industrial hemp shall be subject to audit, inspection, and testing pursuant to the USDA Interim Final Rule and M.G.L. c. 128, at the discretion of the Department.

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

(please initial): \_\_\_\_\_ I understand that upon approval of my application, the Department will be required to provide certain reporting information to the Farm Service Agency (FSA) as required by the USDA Interim Final Rule.

(please initial): \_\_\_\_\_ I understand that upon approval of my application, the Department may share the location of my grow and processing sites with municipal officials and local law enforcement in the city or town where hemp will be produced or processed. I further understand that any information obtained by the Department may be disclosed to the public and/or to law enforcement agencies without further notice to me, the Applicant, the owner of the property registered for cultivation or processing of industrial hemp, or any Department representatives, unless otherwise prohibited by law.

(please initial): \_\_\_\_\_ I understand that it is my responsibility to ensure that the hemp complies with the testing requirements set forth by the Department, including that it meets all contaminant limitations, along with any other applicable testing requirements or standards set by local, state, or federal law for the type of product.

**Seed Source Details**

*Acquisition of seed or stock must be from a distributor that is approved by the Department. To qualify as an approved distributor, seeds or stock must be accompanied by documentation demonstrating that they will produce hemp with a total THC level of no more than 0.3 percent on a dry weight basis.*

**(please initial)**\_\_\_\_\_ I certify that the seeds obtained for planting will be of a type and variety that do not exceed the maximum concentration of tetrahydrocannabinol as set forth in M.G.L. c 128, Section 116.

Varieties to be planted (if known):

**A non-refundable application fee of \$100 is due with this application.  
Make checks payable to: Commonwealth of Massachusetts**

*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 application denial, suspension, or revocation pursuant to the USDA Interim Final Rule and M.G.L. c. 128. I further understand that I am not licensed to produce or process hemp in the Commonwealth until the Department has approved my application.*

*I have read this 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 Department of Agricultural Resources pursuant to the USDA Interim Final Rule and M.G.L. c. 128.*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

For official use:

Date Received:

## Application Checklist

- ☐ Signed and dated application for MA Hemp Producer/Processor Dual License
- ☐ Maps for each growing and/or processing site including name, address, GPS coordinates, site features, and ***clearly marked boundaries of the growing and processing areas***
- ☐ \$100 non-refundable application fee
- ☐ Criminal history report for each Individual Applicant and/or Key Participant. *A criminal history report is required for each Individual Applicant and/or Key Participant and must be current to within 60 days of submitting this application. 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 application for your records.

**Please mail application, supporting materials, and payment to:**

**Massachusetts Department of Agricultural Resources  
Hemp Program**  
251 Causeway Street; Suite 500  
Boston, MA 02114  
attn.: Sarah Grubin

**Make checks payable to:**  
*Commonwealth of Massachusetts*

**Questions?** [sarah.grubin@mas.gov](mailto:sarah.grubin@mas.gov)

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