

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
attn.: Sarah Grubin

Licensee Information

Licensee Name:

License Number:

Business Name:

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

Growing Location

☐ New ☐ Update ☐ Remove Growing Location Name:

Property Owner or Contact Name (*if different from Applicant*):

Phone: ☐ cell ☐ home ☐ work

Email:

Physical Address:

City:

State:

Zip Code:



MA Commercial Industrial Hemp Growing Site Amendment Form

Please provide the following information for each Growing Area at the Location listed on page 1 (attach additional sheets if necessary):

Property Information	
Statement of Property Ownership:	
Are you (the licensee) the owner of the property? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Agricultural Preservation Restriction (APR): Is this site subject to an APR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is this property subject to an Agricultural Covenant? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Total acreage of all hemp to be planted outdoors :	
Total square footage of all hemp to be planted indoors :	

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:	<input type="checkbox"/> indoor <input type="checkbox"/> outdoor
Size:	<input type="checkbox"/> acres <input type="checkbox"/> ft ²
Latitude:	Longitude:
Varieties to be planted on site:	
<input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Remove Site Description:	

Growing Area Detail	
Growing Area Name:	<input type="checkbox"/> indoor <input type="checkbox"/> outdoor
Size:	<input type="checkbox"/> acres <input type="checkbox"/> ft ²
Latitude:	Longitude:
Varieties to be planted on site:	
<input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Remove Site Description:	

Growing Area Detail	
Growing Area Name:	<input type="checkbox"/> indoor <input type="checkbox"/> outdoor
Size:	<input type="checkbox"/> acres <input type="checkbox"/> ft ²
Latitude:	Longitude:
Varieties to be planted on site:	
<input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Remove Site Description:	

Signature:	
Printed Name:	Date:

For Official Use:

Amendment no.	Date Received:
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