

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

Mail to: **Massachusetts Department of Agricultural Resources**
Hemp Program
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 you would like the License issued.

Applicant Information

Is this a renewal? ☐ Yes ☐ No If Yes, 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:

Website:

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.

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 processing 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, M.G.L. c. 128.

(please initial): _____ I understand that processing 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 state penalties for processing industrial hemp in violation of state law may include the suspension or revocation of my license and civil administrative fines in accordance with M.G.L. c. 128, Section 123.

(please initial): _____ I understand that if the 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 Industrial 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 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 processed.

(please initial): _____ I understand that any individual/entity registered by the Department to process industrial hemp shall be subject to audit, inspection, and testing pursuant to M.G.L. c. 128, Section 122 by and at the discretion of the Department.

(please initial): _____ I understand that upon approval of my application, the Department may share the location of my processing sites with municipal officials and local law enforcement in the city or town where hemp will be 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 I receive for processing complies with the testing requirements set forth by the Department, including that it meet all contaminant limitations, along with any other applicable testing requirements or standards set by local, state, or federal law for the type of product to be produced.

(please initial): _____ I acknowledge and understand that licensure to process industrial hemp is authorized by M.G.L. c. 128, Sections 116 through 123 and that my actions with respect to the growth, cultivation, harvest, processing, or transportation of industrial hemp otherwise subject me to obligations and regulations imposed under federal and state law, and potentially the laws of other states.

**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 supplemental form is true and accurate. I understand that providing false, inaccurate, or misleading information is grounds for registration 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 process hemp in the Commonwealth until the Department has approved my application.

I have read this supplemental form, 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 Commercial Industrial Hemp Processor License
- ☐ Maps for each processing site (including name, address, GPS coordinates, site features, and ***clearly marked boundaries of the processing area***)
- ☐ \$100 non-refundable application fee
- ☐ 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

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