

Licensee Information

Licensee Name:

License Number:

Business Name:

Processing Site Information Please provide the following information for each Processing Site. If you would like to license multiple new processing sites, you may download additional copies of this sheet at <https://www.mass.gov/service-details/hemp-program>.

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 Site Address
- GPS coordinates in **decimal degrees** (ex. 42.3664, -71.0588)
- Site features including *clearly marked boundaries of the proposed processing area*

Amendment Type

☐ New Location

☐ Remove Location

☐ Change Processor Type

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 applicant) the owner of the property listed below?

☐ YES

☐ NO

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

Phone: ☐ cell ☐ home ☐ work

Email:

Mailing Address:

City:

State:

Zip Code:

Processing Site

Processing Site Name:

Physical Address:

City:

State:

Zip Code:

Latitude:

Longitude:

Site Description:

Licensee Signature:

Printed Name:

Date:

For Official Use:

Amendment no.

Date Received:

Please return this form to:

MA Department of Agricultural Resources; Hemp Program, 251 Causeway St; Suite 500, Boston, MA 02114