



## SITE ADDITION REQUEST

Return completed report to:

Nebraska Department of Agriculture  
P.O. Box 94756, Lincoln NE 68509-4756  
Phone: (402) 471-2351 Fax: (402) 471-6893  
Email (preferred): [agr.hemp@nebraska.gov](mailto:agr.hemp@nebraska.gov)

**NOTE:** A billing email for the site registration fee will be sent to the primary email address on file for the licensee once this site addition request is approved. No hemp may be cultivated, handled, or processed at the new site until an updated license is received reflecting the additional site registration.

**NAME OF LICENSEE/DESIGNEE:** \_\_\_\_\_

**LICENSE NUMBER:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**SITE INFORMATION** - Must be in NEBRASKA; each site defined by single legal description;

Label site numbers sequentially; this page may be duplicated for additional sites.

**Site # \_\_\_\_\_:**

Number of acres or square feet: \_\_\_\_\_

Address of Site(s): \_\_\_\_\_  
\_\_\_\_\_

Legal Description(s): Section, Township and Range:

\_\_\_\_\_  
\_\_\_\_\_

GPS Coordinate(s): Location ID: \_\_\_\_\_ N \_\_\_\_\_ W \_\_\_\_\_

Location ID: \_\_\_\_\_ N \_\_\_\_\_ W \_\_\_\_\_

Location ID: \_\_\_\_\_ N \_\_\_\_\_ W \_\_\_\_\_

Location ID: \_\_\_\_\_ N \_\_\_\_\_ W \_\_\_\_\_

**A map of the site listed above that complies with the requirements in the application guidance must be attached.**

**SIGNATURE OF LICENSEE OR DESIGNATED REPRESENTATIVE:**

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature