



**STATE OF CONNECTICUT**  
**DEPARTMENT OF AGRICULTURE**  
 Office of the Commissioner



Bryan P. Hurlburt  
 Commissioner

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**Hemp Program**  
**Consent to Grow/Process Hemp on Leased Land**  
 (rev. 7.25.19)

<b>Grower CT License #:</b>		<b>Dates Agreement is Applicable:</b>		<b>From:</b>		<b>To:</b>		
<b>Grower (tenant) Information</b>	<b>Last Name:</b>			<b>First:</b>		<b>M.I.:</b>		
	<b>Business Legal Name:</b>							
	<b>Street Address:</b>							
	<b>Town/ City:</b>			<b>State:</b>		<b>Zip:</b>		
<b>Name of landowner listed on deed</b>	<b>Last Name or Business Name:</b>			<b>First:</b>		<b>M.I.:</b>		
<b>Location of property</b>	<b>Full Address</b>			<b>Latitude/Longitude (at center, DECIMAL DEGREES to at least 4 decimal places)</b>			<b>No. of Acres/ sq. ft.</b>	
				_____ - ____ . ____ - ____				
				____ . ____ - ____ - ____				
				_____ - ____ . ____ - ____				
I know and understand the boundaries of the above listed properties, and that this form is valid only during the time period specified above.				I hereby grant the person/business named above permission to grow and/or process hemp on my property at the address(s) listed above and during the time period specified above. I acknowledge that and consent to, representatives of the Connecticut Department of Agriculture and any law enforcement agency having the right to inspect all buildings, equipment, supplies, vehicles and records located on this real property, during the time period specified above.				
Signature of Signing Authority for Tenant			Date		Signature of Landowner			Date
_____			_____		_____			_____

**This form will only be accepted through the DOAG E-License portal. Paper applications will not be accepted.**