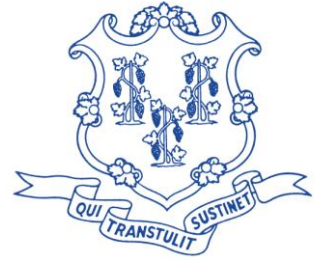




State of Connecticut
Department of Agriculture
Bureau of Regulatory Services
450 Columbus Blvd, Suite 702 Hartford, CT 06103
Phone: 860-713-2502 Email: AGR.Hemp@ct.gov



Hemp Grow Site Modification Request

(rev. 7/25/19)

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

The submission of this request form and a subsequent License Agreement Amendment must be executed prior to the growing, handling, processing, or storage of hemp materials at any location (GPS coordinates) NOT already listed on your License Agreement.

License Holder:	Grower License #:
Name of Signing Authority (if Business):	
Email:	Phone#:

Outdoor Growing Plot CHANGE

Enter information for the **ADDITION** of outdoor plots in the cells below.
The Department will assign Plot ID Numbers.

Location 1 New Plot(s)	Planting Address 1	City	State	Zip	Own/Rent*
	GPS Latitude (Decimal Degrees**)	GPS Longitude (Decimal Degrees**)	Acres	(DEPT USE ONLY) Plot ID#	
Plot 1					
Plot 2					
Plot 3					
Plot 4					
Plot 5					
Location 2 New Plot(s)	Planting Address 2	City	State	Zip	Own/Rent*
	GPS Latitude (Decimal Degrees**)	GPS Longitude (Decimal Degrees**)	Acres	(DEPT USE ONLY) Plot ID#	
Plot 1					
Plot 2					
Plot 3					
Plot 4					
Plot 5					

Enter information for the **REMOVAL** of requested outdoor plots.

Be sure to include the Grower plot IDs (as they appear on your License Agreement) for each growing site

Grower Plot ID#	DoAg Plot ID	Address	City	Zip

Greenhouse/Indoor Growing Addresses CHANGE

Indicate type of greenhouse production (check all that apply)

- Transplants only (either seeded or vegetative cuttings, or seasonal stock plants)
- Stock plants, year round
- Year-round production with intent to harvest indoor plants

Enter information for the **ADDITION** of indoor growing locations in the cells below.
The Department will assign Plot ID Numbers.

New Indoor Growing Address 1	Planting Address 1	City	State	Zip	Own/Rent*
	GPS Latitude (Decimal Degrees**)	GPS Longitude (Decimal Degrees**)	Acres		(DEPT USE ONLY) Plot ID#
Plot 1					
Plot 2					
Plot 3					
Plot 4					
New Indoor Growing Address 2	Planting Address 2	City	State	Zip	Own/Rent*
	GPS Latitude (Decimal Degrees**)	GPS Longitude (Decimal Degrees**)	Acres		(DEPT USE ONLY) Plot ID#
Plot 1					
Plot 2					
Plot 3					
Plot 4					

Enter information for the **REMOVAL** of indoor growing location.

Be sure to include the assigned plot IDs (as they appear on your License Agreement) for each growing site

Grower Plot ID#	DoAg Plot ID	Address	City	Zip

Modify Drying/Storage

Enter information for the ADDITION of Drying/Storage address(es) in the cells below					
Drying/Storage Name/ID	Address	City	State	Zip	Own/Rent*
	GPS Latitude (Decimal Degrees**)		GPS Longitude (Decimal Degrees**)		(DEPT USE ONLY)
Enter information for the REMOVAL of Drying/Storage address(es) in the cells below					
Drying/Storage Name/ID	Address	City	Zip		

By signing my name below, I attest that I am the license holder or the signing authority for the license holder, and that this information is accurate and complete. I understand that giving a false statement is punishable by law under section 53a-157b of the Connecticut General Statutes.

_____ Date: _____
 Individual Licensee, On-Site Manager or Signing Authority Signature