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

Print

Greenhouse/ Indoor Planting Report

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(rev 6/26/19)

Applications, supporting documents and payments will only be accepted through the DOAG E-License portal. Paper applications will not be accepted.

This form is required for every licensed indoor growing location. This form is due within 15 days of first planting in an empty structure.

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

Complete the table below.

Note: The Grower Plot ID MUST match the ID listed in your application or site modification request.

DOAG assigned Plot ID	Grower Plot ID	Hemp Variety/ Strain	Planted: Seeds, Cuttings, or Transplants	Area Planted (sq. ft)	Primary Intended Purpose of Crop (Grain, Fiber, Floral, Transplants	Date Planted or Seeded	Expected Harvest Date	Check if NO plants were planted in any quarter
Ex. 123456		*CBD 1*	*Cuttings*	*1000 sq. ft*		*4/5/19*		

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.

Signature:_____ **Date:** _____