





Instructions:

2024 Site Modification Request

- The submission of this request form and a subsequent *Licensing 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 *Licensing Agreement*.
- The submission of this request will cost \$300 plus \$15 per additional acre.
- The fee shall not apply to storage-only sites, but the Department must approve such sites prior to use. In the event the site modification is not approved, this fee will be refunded.

	usiness Name or License Holder:		Lie	cense #		Phone:		
Lic	ensee Print Name:		E	mail:				
1	1. Check the appropriate box(es) below regarding this request.							
1.	Check the appro	priate box(es) below regarding	tills reque	51.				
		censing Agreement (No fees assessed) using sites after signing Licensing Agreement	au to	ıthorizatio be condu	are leased, please ind on from the owner all octed on the property tarized letter of suppor	owing industr NJDA reserve	ial hemp research s the right to	
	Storage only. (No.)	fees assessed)		Yes	No			
	University/College	e location. (No fees assessed)			provide copy of lease a e property.	greement auth	orizing the production	
2.	2. Provide the following information for your request:							
a)				completir indoor gr Handlers that apply	owing spaces, (5) pro ONLY), and (7) stora y to your request. Locations must b included in your planting, handlin, industrial hemp in You are required DEGREES DECT building, and stor Example: lat: 38° You are required address and the it Creating Maps for pages i-iii. The field and bu MUST be consis in the program.	questions (3) fivessing (Licensing (Licensing Licensing Agrees, processing, of this location. It is provide preceded as the provide preceded as the provide a material state of the provide at the provid	elds, (4) greenhouses/ ed Processors/ lete only the tables writing by NJDA and ement prior to the r storage of any lise GPS coordinates in ES for each field, each address. 84° 49.267'W p depicting each e Instructions for the end of this form,	
c)	If your mailing add	ress has changed, please provide y	our new ma	iling add	dress in the table be	low:		
	Mai	ling Address		City	7	State	Zip	

- 3. Complete Outdoor location information listed below. Attach additional page(s) as necessary.
 - a) Enter information for the <u>ADDITION</u> of requested field address(es) or additional field(s)to already approved address(es) in the cells below. Be sure to include a Location ID and GPS coordinates for each growing site.

	Outdoor Location 1							
	Farm A	Address	City	State	Zip	County	Own or Rent	
Address				NJ				
1	FSA Farm #:			FSA	Tract #			
	Site II	D	GPS: Latitude		Gl	PS: Longitude	Acres	
Field 1								
Field 2								
Field 3								
			Outdoor Locatio	on 2				
	Farm A	Address	City	State	Zip	County	Own or Rent	
Address 2				NJ				
2	FSA Farm #:			FSA	Tract #:			
	Site II	D	GPS: Latitude		Gl	PS: Longitude	Acres	
Field 1								
Field 2								
Field 3								

b) E	Enter information for the <u>REMOVAL</u> of requested field locations. Be sure to include Location IDs (as
th	hey appear on your current <i>Licensing Agreement</i>) for each growing site.

	Site Id	Address	City	Zip
Location 1				
Location 2				

^{**} Attach additional maps as necessary. Please ensure to add new site IDs to the new map for submission





- 4. Complete Greenhouse location information listed below. Attach additional page(s) as necessary.
 - a) Indicate type of greenhouse production (check or circle all that apply):

Transplants only (either seeded or vegetative cuttings), or seasonal stock plants

Stock plants, year round

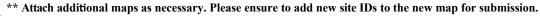
Year-round production with intent to harvest indoor plants

b) Enter information for the ADDITION of requested greenhouse/indoor growing address(es) or additional building(s) to already approved address(es) in the cells below. Be sure to include a Location ID and GPS coordinates for each growing site.

	Indoor Location 1								
	Greenhouse	Address		City		State	Zip	County	Own or Rent
Address						NJ			
1	FSA Farm #:					FSA Tra	act #:		
	Site ID	Type of Str	ucture	GP	PS: L	atitude	GPS	S: Longitude	Sq Ft
Structure 1									
Structure 2									
Structure 3									
			Indo	oor Loc	catic	on 2			
	Greenhouse Address		City			State	Zip	County	Own or Rent
Address						NJ			
2	FSA Farm #:					FSA Tract #:			
	Site ID	Type of Str	ucture	GP	GPS: Latitude		GPS: Longitude		Sq Ft
Structure 1									
Structure 2									_
Structure 3									

c) Enter information for the REMOVAL of requested processing locations. Be sure to include Location IDs (as they appear on your current *Licensing Agreement*) for each processing site.

	Site ID	Address	City	Zip
Location 1				
Location 2				







5. Complete Storage location information listed below. Attach additional page(s) as necessary.

Storage Addresses. Complete parts a) and b) below. Attach additional page(s) as necessary. NOTE 1: The Site Modification Surcharge does **not** apply to storage-only addresses.

NOTE 2: Storage addresses must be listed in the below table even if listed in tables for Questions 4-6 above, in order to provide GPS coordinates for the storage building(s).

a) Enter information for the ADDITION of requested storage building(s) in the cells below. Be sure to include a Location ID and GPS coordinates for each storage site.

Storage Location 1								
Address	Storage Ado	dress	City		State	Zip	County	Own or Rent
Address 1					NJ			
	Site ID	Type of	Structure		GPS: L	atitude	GPS: Longi	tude
Structure 1								
Structure 2								
Structure 3								
			Storage L	ocatio	on 2			
Address	Storage Ado	dress	City		State	Zip	County	Own or Rent
Address 2					NJ			
	Site ID	Type of	Structure	Structure		atitude	GPS: Longi	tude
Structure 1								_
Structure 2								
Structure 3								

b) Enter information for the <u>REMOVAL</u> of requested storage locations. Be sure to include Location IDs (as they appear on your current <i>Licensing Agreement</i>) for each storage site.								
	Site ID	Address	City	Zip				
Location 1								
Location 2								

^{**} Attach additional maps as necessary. Please ensure to add new site IDs to the new map for submission.





6. Complete Processing/Handing location information listed below (<u>PROCESSOR/HANDLER ONLY</u>). Attach additional page(s) as necessary.

Enter information for the <u>ADDITION</u> of requested processing address(es) or additional building(s) to already approved address(es) in the cells below. Be sure to include all Location ID and GPS coordinates for each processing site.

	Processing/Handling Location 1								
Address	Processing/Handli	ng Address		City	ty State		County		Own or Rent
1					NJ				
	Site ID	GPS: Lat	itude	GPS: Lo	ngitude	Type o	f Structure	P	urpose
Structure 1									
Structure 2									
Structure 3									
		Pro	ocessing	/Handing I	ocation 2	:			
Address	Processing/Handling Address			City	State	Zip	County		Own or Rent
Address 2					NJ				
	Site ID	GPS: Lat	itude	GPS: Longitude		Type of Structure		Purpose	
Structure 1									
Structure 2									
Structure 3									

c) Enter information for the <u>REMOVAL</u> of requested storage locations. Be sure to include Location IDs (as they appear on your current <i>Licensing Agreement</i>) for each storage site.							
	Site ID	Address	City	Zip			
Location 1							
Location 2							





^{**} Attach additional maps as necessary. Please ensure to add new site IDs to the new map for submission.



I certify that all of the information contained in this application is true and accurate. I understand that if NJDA later determines any of this information to be inaccurate, the *Site Modification Request* may be withheld or terminated. I also agree to abide by all of the provisions of the New Jersey Hemp Program found in N.J.A.C. 2:25-1 et seq.

Signature of Applicant_		Date
Printed Name	12 1	Title, if applicable

NJDA is not responsible for missing information due to formatting or printing errors on the user end.

NJDA is not responsible for requests lost in the mail or not received.

NJDA is not required to request additional information for clarity of the request.

Send attachments to:

New Jersey Department of Agriculture Attn: Hemp Program P.O. Box 330 Trenton, New Jersey 08625

For more information about the NJDA Hemp Program, please visit

https://www.state.nj.us/agriculture/divisions/pi/prog/nj_hemp.html



