





## **Instructions:**

## 2025 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.

	not approved, time	, ice will be retained.						
	usiness Name or License Holder:		L	icense #		Phone:		
Lic	ensee Print Name:			Email:				
1.	Check the appro	priate box(es) below regarding	this requ	est.				
Prior to signing Licensing Agreement (No fees assessed)  Growing or Processing sites after signing Licensing Agreement (Fees assessed*)  Storage only. (No fees assessed)  University/College location. (No fees assessed)			i di	If locations are leased, please indicate whether you have authorization from the owner allowing industrial hemp research to be conducted on the property. NJDA reserves the right to request a notarized letter of support from the property owner.  Yes No  If yes, please provide copy of lease agreement authorizing the production of hemp on the property.				
2.	2. Provide the following information for your request:							
a)	a) If you are requesting this change after your Licensing Agreement has been signed, you must include a \$300 Site Modification Surcharge fee for each new set of GPS Coordinates. A new growing or processing location is defined as any GPS location that was not listed on the initial Licensing Agreement (i.e., any change to or addition of GPS coordinates at an address on the Licensing Agreement, or for the addition of a new address). The Site Modification Surcharge does not apply to storage-only sites, but prompt request to the NJDA and approval is required for storage-only sites. The check or money order must be made payable to the New Jersey Department of Agriculture and attached to this form.  Attached check in the amount of:  (Total amount equals the number of new locations, i.e., each set of GPS coordinates x \$300.)				included in your I planting, handling industrial hemp ir You are required DEGREES DECI building, and store Example: lat: 38° You are required address and the ite Creating Maps for pages i-iii. The field and bu	questions (3) fi essing (Licens ge sites. Comp approved in water and approved to processing, of this location. To provide precedure at MAL MINUTI age structure at 19.919'N, long: of provide a manage of provide a manage of the approvide a manage of the submission at lding IDs used	elds, (4) greenhouses ed Processors/ lete only the tables writing by NJDA and ement prior to the restorage of any lise GPS coordinates it also for each field, each address.  84° 49.267'W per depicting each entructions for the end of this form, the end of this form, the report forms used	n
c)	If your mailing add	ress has changed, please provide y	our new m	nailing add	dress in the table be	low:		
	Mai	ling Address		City	y	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 1				NJ				
•	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				
L	FSA Farm #:			FSA	Tract #:			
	Site II	D	GPS: Latitude		Gl	PS: Longitude	Acres	
Field 1								
Field 2								
Field 3								

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

	Site Id	Address	City	Zip
Location 1				
Location 2				

<sup>\*\*</sup> 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

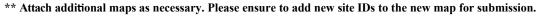
Year-round production with intent to harvest indoor plants

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	PS: L	atitude	GPS	S: 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		GPS: L	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								

<sup>\*\*</sup> 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		State	Zip	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	2			
Address	Processing/Handli	ng 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 Licensing Agreement) for each storage site.

	Site ID	Address	City	Zip
Location 1				
Location 2				

<sup>\*\*</sup> 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	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



