

HEMP REGISTRATION AMENDMENT APPLICATION

Official 2020 Form



agriculture.vermont.gov

116 State Street • Montpelier, Vermont 05620-2901 • Hemp Program 802-828-1732

Vermont Agency of Agriculture, Food & Markets Hemp Program
 116 State Street | Montpelier, Vermont 05620-2901
All fields are required, unless otherwise specified.

For Office Use Only Registration No: _____ Date Rec'd: _____ Fee Rec'd: _____
--

Type of Registration to be Amended

Grower

Processor

Primary Contact

Business Name Business Email

Business Phone

Business Address Municipality

State Zip Code

Secondary Contact

Secondary Contact Number

Secondary Contact Email

Registration Number

*Address and GPS coordinates showing vehicular access points to property from public right of way (please use additional paper if necessary). **Please list GPS coordinates already registered, as well as GPS coordinates of any new site.***

Registered Grow / Processing Sites	Latitude (DD.DDDDD)	Longitude (-DD.DDDDD)
Updated Grow / Processing Site	Latitude (DD.DDDDD)	Longitude (-DD.DDDDD)

Do you wish to add hemp fiber or grain cultivation to your registration?

If amending an **existing** registration for growing and processing of floral crops for cannabinoids, how many acres or LBS processed annually **were initially registered**?

Acres LBS processed annually
(1 LB concentrate x 10)

How many acres or LBS processed for floral / cannabinoid production are being added to your registration?

Acres LBS processed annually
(1 LB concentrate x 10)

Failure to provide this information will result in your application not being processed

If amending a registration to include operating exclusively within an indoor facility for floral material, viable seed, or production of cannabinoids, what is the area if the facility?

Square Feet

If amending an **existing** registration to operate exclusively within an indoor facility for floral material viable seed, or production of cannabinoids, please provide the following:

Square feet previously registered Updated square feet

If amending a processing registration, what type of processing and/or services will the operation provide? **Please check all listed on initial registration**

- | | |
|--|---|
| <input type="checkbox"/> Drying / Storage | <input type="checkbox"/> Seed Oil Press / Fiber Processing |
| <input type="checkbox"/> Manufacturing Hemp Products | <input type="checkbox"/> Hemp Handler / Broker / Aggregate |
| <input type="checkbox"/> Extraction | <input type="checkbox"/> You will source hemp from VT growers |

Read and initial all statements and sign application. The application will be **returned** if not complete.

I acknowledge that when applying as a grower:

- (please initial) That the seeds obtained for planting are of a type and variety that do not exceed the federally defined tetrahydrocannabinol concentration level of hemp.
- (please initial) I have enclosed with my application a map of the cultivation areas, Mapping Guidance

And when applying for registration to the hemp program as a grower or processor:

(please initial) I further acknowledge that a person registered with the Secretary shall allow industrial hemp crops, throughout sowing, growing season, harvest, storage, and processing, to be inspected and tested by and at the discretion of the Secretary or designee.

(please initial) I have read this registration form and understand the requirements in it and I agree to hold harmless and release the state of Vermont, its officers, employees, contractors or agents from any and all claims, actions, suits, damages, judgments, attorney's fees, or prosecution of any kind, that may arise due to my cultivation of *Cannabis sativa* (L.) conducted under authority of this state law-based registration requirement administered by the Agency of Agriculture, Food and Markets.

I certify that the information provided herein is true and correct, that I am in good standing with respect to any obligation for child support, and that under the pains and penalties of perjury that I am in good standing with respect to all taxes due to the State of Vermont, and that my signature is an attestation of that fact.

Signature of Primary Contact

Date