

HEMP PROGRAM LICENSE CHANGE REQUEST

Tennessee Warning and Social Security Number Collection Notice

All licensees are required by Minnesota Statutes, Chapter 18K to provide the information requested in this form; incomplete or inaccurate data may result in a delay in the processing of this form or denial of this change. Minnesota law requires that all licensing authorities collect the social security number and Minnesota business tax identification number of all applicants (Minnesota Statutes, Section 270C.72). Licensee information, including social security numbers and Minnesota business tax identification numbers, will be provided to the Minnesota Department of Revenue upon request. Under the Federal Exchange of Information Agreement, the Department of Revenue may provide the data to the Internal Revenue Service. Social security numbers and Minnesota business tax identification numbers may be used to deny the issuance, renewal or transfer of a license in the event an applicant or licensee owes the Department of Revenue delinquent taxes, penalties or interest. As a participant in the Hemp Program, some data provided on this application (including social security numbers) are classified under Minnesota law as private or nonpublic. At the Minnesota Department of Agriculture (MDA), data classified as private or nonpublic will be viewed and used only by authorized employees and contractors that require access to perform a valid work assignment. Unless you consent to its release, sharing of private and nonpublic data will be limited to other entities authorized by law to receive the information and parties named in a valid court order or federal subpoena. By law, the MDA may share private and nonpublic information with local, state or federal law enforcement, including the Minnesota Department of Public Safety, if the MDA determines that such sharing would aid in the law enforcement process. The MDA may be required to share the information with the Department of Revenue, the Internal Revenue Service, the Office of the Legislative Auditor or the Office of the State Auditor upon their request. In addition, private or nonpublic data may be shared with other government entities or made public if the MDA determines that there is a substantive threat to human health and safety or to the environment. In the event of a legal action, your information may be shared with the Minnesota Office of the Attorney General and possibly presented as evidence in court. This Change Request form is for a commercial Hemp Program license, operating under the USDA-approved Minnesota State Hemp Plan and Minn. Stat. 18K. Questions? Please contact the MDA at 651-201-6600 or hemp.mda@state.mn.us

PART 1 – LICENSE CHANGE INFORMATION

Licensee Name _____ License Number _____

Change Request Date _____ Contact Phone Number _____

Change in license name: New License Name _____ Minnesota Tax ID Number or Social Security Number _____

Addition of license category (please complete the location information for the new license type on page 2):

Hemp Grower License
Hemp Processor License

Change in grower or processing location (please select the change type below and complete the location information on page 2):

Hemp Field/Grow Location Changes
Hemp Processor Location Changes

Change in existing grow location

Change in existing processing location

Addition of new grow location

Addition of new processing location

Part 2 – LICENSE CHANGE FEE CALCULATOR

All license changes incur a \$50 change fee. Make check or money order payable to Minnesota Department of Agriculture or MDA. Check, cash, or credit card payments may be made in person with an appointment. Fees are non-refundable.

1	I am adding a Grower License Category	\$150	600546(3100)	\$
2	I am adding a Grow or Processing Location	\$250	600548(3200)	\$
3	I am adding a Processor License Category <i>NOTE: there is a charge for additional processor locations if you hold a processor license</i>	\$250	600555(3100)	\$
4	Change Fee	\$50	600546(3100)	\$
TOTAL FEES DUE (Add lines 1-4)				\$

Return this form with your check or money order made payable to:

Office Use Only

 Minnesota Department of Agriculture
 Attn: Cashier
 625 Robert Street North
 Saint Paul, MN 55155-2538

HEMP PROGRAM LICENSE CHANGE REQUEST

PART 3 – HEMP FIELD/GROW OR PROCESSING LOCATION CHANGE INFORMATION

Definitions

A **Grow location** means a contiguous land area, or greenhouses, hoop houses, or buildings for indoor cultivation, registered with the Department, on which a licensee will conduct licensed hemp cultivation activities. Each non-contiguous grow location must be registered separately.

A **Processing location** means any area, building, plant, or facility registered with and approved by the Department in which a licensee will convert raw hemp plants or plant material into a marketable product for commercial purposes.

NOTE: You may NOT process, store, or dry raw hemp in a residential dwelling.

New or Updated Location Information

Provide as much information for your updated location listed below as possible. (A detailed map must be submitted with this form showing your updated location relevant to the nearest municipality and navigable roads). You may give either the legal land description **OR** the GPS point **AND** the address.

Current Grow Location # _____

New Grow Location Information: Change to Existing Location Additional Location

Acreage/Indoor Square Feet _____ Check One: Indoor Outdoor
TWP _____ Range _____ Section _____ 1/4 Section _____
GPS Point of Center of Grow Location Latitude _____ Longitude _____
Grow Location Address _____ City _____ State _____ Zip _____

Grow Location Owner/Inhabitant, *if different from the applicant*
Name _____ Phone _____ Email _____

Current Processing Location # _____

New Processing Location Information: Change to Existing Location Additional Location

TWP _____ Range _____ Section _____ 1/4 Section _____
GPS Point of Processing Location Latitude _____ Longitude _____
Processing Location Address _____ City _____ State _____ Zip _____

Processing Location Owner/Inhabitant, *if different from the applicant*
Name _____ Phone _____ Email _____