



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management
 PO Box 8911, Madison, WI 53708-8911
 Phone: (844) 449-4367 Fax (608) 224-5775

Hemp Pilot Research Program: Location Amendment Form

Wis. Stat. § 94.55, Wis. Admin. Code ch. ATCP 22

Personal information that you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § 15.04 (1)(m)

Under Wis. Admin. Code § ATCP 22.03(7), this form must be completed and submitted in order to modify growing acreage or location or processing location. Amendment fees may apply. No hemp growing or processing is authorized at locations not registered for the current growing season with the Wisconsin Department of Agriculture, Trade and Consumer Protection's Hemp Pilot Research Program.

NOTE: If you have more than one location to register at this time, submit additional copies of this form. Visit the hemp program's website at <https://hemp.wi.gov> to submit an electronic version of this form. The Department no longer accepts locations amendments via email. **The first license amendment or set of license amendments received on the same date may have the license amendment fee waived. All subsequent license amendments may incur a fee of \$50. Additional license fees will be assessed if growing acreage exceeds the amount included in the license.**

1. LICENSE HOLDER INFORMATION					
LICENSE HOLDER NAME			LICENSE NUMBER AND TYPE		
LICENSE HOLDER PHONE # () -			LICENSE HOLDER EMAIL		
OPERATIONS MANAGER (OPS MANAGER) NAME (if applicable)		OPS MANAGER PHONE # () -	OPS MANAGER EMAIL		
LOCATION AMENDMENT TYPE (check all that apply)					
<input type="checkbox"/> ADD OR CHANGE A GROWING OR PROCESSING LOCATION (Complete section 2)			<input type="checkbox"/> REMOVE A GROWING OR PROCESSING LOCATION (Complete section 3)		
<input type="checkbox"/> CHANGE THE ACREAGE FOR A GROWING LOCATION REGISTERED FOR THE CURRENT SEASON (Complete section 2)					
2. ADD OR CHANGE THE FOLLOWING GROWING / PROCESSING LOCATION					
SPECIFY WHETHER THIS IS A	<input type="checkbox"/> GROWING LOCATION		<input type="checkbox"/> PROCESSING LOCATION		
IF THIS IS A GROWING LOCATION – SPECIFY WHETHER THIS IS A	<input type="checkbox"/> FIELD	<input type="checkbox"/> GREENHOUSE (or Indoor Grow)			
LOCATION NAME		COUNTY		TOWN OR MUNICIPALITY	
STREET ADDRESS OR NEAREST ROAD IF NO ADDRESS:			CITY	STATE	ZIP
FIELD OR GREENHOUSE CENTER GPS POINT (Lat. and Long., in decimal degrees)			ACREAGE (convert greenhouse sq. ft. to acres using 43,560 sq. ft. = 1 acre)		
EXACT ROAD DIRECTIONS TO FIELD OR GREENHOUSE (from a major intersection, attach plat maps or other maps on a separate sheet)					
PLEASE SPECIFY WHETHER YOU	<input type="checkbox"/> OWN OR	<input type="checkbox"/> LEASE (please fill in owner information below if leased)			
NAME OF PROPERTY OWNER (if different from Applicant):		PROPERTY OWNER PHONE: () -		PROPERTY OWNER EMAIL:	
3. REMOVE THE FOLLOWING GROWING / PROCESSING LOCATION					
SPECIFY WHETHER THIS IS A	<input type="checkbox"/> GROWING LOCATION		<input type="checkbox"/> PROCESSING LOCATION		
IF THIS IS A GROWING LOCATION – SPECIFY WHETHER THIS IS A	<input type="checkbox"/> FIELD	<input type="checkbox"/> GREENHOUSE (or Indoor Grow)			
LOCATION NAME		COUNTY		TOWN OR MUNICIPALITY	
STREET ADDRESS OR NEAREST ROAD IF NO ADDRESS:			CITY	STATE	ZIP
I CERTIFY ALL THE INFORMATION THAT I PROVIDE ON THIS FORM TO BE TRUE AND ACCURATE.					

NAME OF LICENSE HOLDER OR OPS MANAGER

SIGNATURE OF LICENSE HOLDER OR OPS MANAGER

DATE

This form, maps, and all supporting documentation must be mailed, or faxed to:

DATCP-ARM, Attn: Hemp Program, P.O. Box 8911, Madison WI 53708-8911 Fax: (608) 224-5775