Michigan Department of Agriculture and Rural Development

Michigan	P.O BOX 30776 LANSING MI 48909-8276 Phone: 517-284-5771 Email: mdard-clu@michigan.gov HEMP GROWING SITE MODIFICATION FORM Public Act 220 of 2020						
Department of AGRICULTURE & Rural Development	Grower Registra	ation Number:					
STEP 1: BUSINI	ESS INFORMATI	ON			1		
Business Name:							
Business Address:							
City:	State: Zip:						
Phone Number:		Email Address:				Office Use	Only (1603)
Ownership Type:	Corporati	on LLC		ole Proprie	tor	In In	dividual
Joint Tenant	Other Federal Identification #:						
STEP 2: GROWING LOCATION(S)							
Location Address (City, State, Zip, County)			GPS Coordinates	Inde	oor	Outdoor	Acreage/ Square Feet
Location #1: Adding Location Amending Current Location Removing Location							
]		
Location #2: Adding Location Amending Current Location Removing Location							
]		
Location #3: Adding Location Amending Current Location Removing Location							
]		
Location #4: Adding Location Amending Current Location Removing Location							
]		
Location #5: Adding Location Amending Current Location Removing Location							

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STEP 3: ACKNOWLEDGMENTS							
I acknowledge that all physical addresses of the location(s) to be used to grow hemp must be submitted with this							
application. This application constitutes written consent by the applicant to allow MDARD personnel access to any							
growing locations as deemed necessary by MDARD for inspection, sampling and testing. Any changes to physical							
addresses used in the growing or processing of hemp shall be approved in writing by MDARD prior to that location							
being legally permitted for use. A site modification fee of \$50.00 must be submitted for each alteration to a site							
listed in a grower registration after the registration has been issued.							
I acknowledge that any finished products produced as part of this project which are to be marketed and sold will comply with all applicable laws, regulations and requirements of any governmental agency or other regulating authority.							
Applicant Name (Print):	Applicant Signature:		Date:				
STEP 4: REQUIRED ATTACHMENTS							
Maps – Satellite view with marked new and amended growing locations							
STEP 5: HEMP GROWER SITE MODIFICATION FEE - Make check/money orders payable to the State of Michigan							
Nonrefundable Grower Site Modification Fee: \$50.00		ASC Hot Key (mdard use only): 1603					

I hereby verify and affirm that all information contained in this application is true and accurate.

Applicant Name (Print):	Applicant Signature:	Date: