

State of Rhode Island

Office of Cannabis Regulation

560 Jefferson Boulevard

Warwick, RI 02886

**Hemp Change in Growing Area**

Use this form to request an expansion or reduction to a previously approved growing area. Completed forms may be emailed to [DBR.HempCompliance@dbr.ri.gov](mailto:DBR.HempCompliance@dbr.ri.gov) or mailed to the above address.

Per 230-RICR-80-10-1.7(F)(2): “Requests to expand the original growing area re subject to review and consideration by DBR, in its sole discretion, and if granted may require a separate application and license.”

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| --- | --- | --- | --- | --- |
| 1. **Licensee Information** | | | | |
| Licensee Name | Click or tap here to enter text. | D/B/A | Click or tap here to enter text. | |
| License # and Type | Click or tap here to enter text. | | | |
| Location Address | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |
| Street and Suite/Room/Unit # | City | | State, Zip |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Person | Click or tap here to enter text. | Phone # | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. | |  |

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| 1. **Grow Area Expansion/Reduction Information** |
| Describe the proposed change in grow area\* (attach additional sheets of paper if needed): |
| Click or tap here to enter text. |
| **\*Please include a description of the growing area, including GPS coordinates, a map, and a building description with approximate square footage of the growing area (if applicable).** |

I, the undersigned, declare under penalty of perjury that all statements made on this application are true and complete to the best of my knowledge and belief.

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| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap to enter a date. | |
| Print Name |  |  | Title | |  | Date | |
|  |  | |  | | |  | |
| Signature (Licensee) |  |  |  |  | | | |