

State of Rhode Island

Office of Cannabis Regulation

560 Jefferson Boulevard

Warwick, RI 02886

**Change of Hemp Licensee Name and/or Mailing Address**

Use this form to request a change in the licensed entity’s physical location. Completed forms may be emailed to DBR.HempCompliance@dbr.ri.gov or mailed to the above address.

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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 |

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| 1. **New Name Information**
 |
| Licensee Name | Click or tap here to enter text. | D/B/A | Click or tap here to enter text. |

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| 1. **New Mailing Address Information**
 |
| 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 |

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) |  |  |  |  |