



SITE MODIFICATION REQUEST

Return completed report to:
Email (**preferred**): agr.hemp@nebraska.gov

NOTE: A separate request must be completed for each SITE. A billing email for the \$75 site modification fee will be sent to the primary email address on file for the licensee once this site modification request is approved.

NAME OF LICENSEE/DESIGNEE: _____

LICENSE NUMBER: _____

BUSINESS NAME: _____

SITE NUMBER: _____

LOCATION ID: _____

- | | | | | | |
|----|-------|---|-------|---|-------|
| 1. | _____ | N | _____ | W | _____ |
| 2. | _____ | N | _____ | W | _____ |
| 3. | _____ | N | _____ | W | _____ |
| 4. | _____ | N | _____ | W | _____ |
| 5. | _____ | N | _____ | W | _____ |

DESCRIBE THE MODIFICATION BEING MADE (i.e. increasing/decreasing size, new building or field, etc.):

A revised map to showing the modifications must be submitted with this request.

SIGNATURE OF LICENSEE OR DESIGNATED REPRESENTATIVE:

Printed name

Signature

Date of Signature