

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](mailto: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 |

|  |  |  |  |
| --- | --- | --- | --- |
| 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) |  |  |  |  | | | |