



**ARIZONA DEPARTMENT OF AGRICULTURE**

**ENVIRONMENTAL & PLANT SERVICES DIVISION - INDUSTRIAL HEMP PROGRAM**

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**INDUSTRIAL HEMP PROGRAM  
CHANGE IN BUSINESS INFORMATION**

Dept. Use Only		
Date Received: _____	Received by: _____	License No: _____

This form is due within 10 business days of any change in business information. Please send all forms to [azhemp@azda.gov](mailto:azhemp@azda.gov). Make sure to include in email subject line the license number associated with business.

Licensee Full Name:	
License Number:	
Effective Date of Change:	

**Previous Information:**

Business Name:		Tax ID/SSN#:
Business Address:		
City	State	Zip Code
Point of Contact Name:		
Contact Phone Number:	Contact Email:	

**New Information:**

Business Name:		Tax ID/SSN#:
Business Address:		
City	State	Zip Code
Point of Contact Name:		
Contact Phone Number:	Contact Email:	

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

For questions or assistance, please call (602) 542-0955 or send an email to [azhemp@azda.gov](mailto:azhemp@azda.gov).