

Unique Identification NumberRegistration Application

Registration Expires June 30, 2026

*Business Name			
*Mailing Address			
*Mailing City, State, Zip			
	Fax No		
Cell Phone No	E-mail		
*Physical Business Address_			
*Required Information ************************************	********	*********	*****
Unique Identification Num	ber (UIN) Fee		\$25.00
		Late Penalty Fee **see ba	
		Total Fees Due \$	<u> </u>
dwelling in the State of A Licensed Domestic Kir UIN. The UIN is an opti The use of expired or u Oregon's UIN was creat Questions related to th A UIN is personal to the UIN registration is valid Registration fees are no	Toregon (see OAR 603-025-0335 tchen or Exempt Cottage Food E ion provided in OAR 603-025-032 nauthorized UIN is a violation of ted by Oregon statute and might e regulations of other states sho e applicant and cannot be transfel for a one-year term beginning Jot pro-rated.	stablishment may use a physical st 25(e).	or federal agencies. tate.
J		Date	
<u></u>	Incomplete or unsigned appli	cations will not be processed.	

Payment Options on Back of form

Late Penalty Fee (Renewals Only)

The Department of Agriculture charges a penalty fee on delinquent Unique Identifier Registrations. If you do not pay your registration fee within 60 days after the registration expires, the department will charge the the amount of the registration fee as a late fee. The penalty fee is assessed in addition to the registration fee.

Payment Options

FOR CHECK OR MONEY ORDER, MAIL TO: Oregon Department of Agriculture P.O. Box 4395, Unit 17 Portland, Oregon 97208-4395 FOR CREDIT CARD CHARGE, MAIL OR FAX TO:
Oregon Department of Agriculture
635 Capitol Street NE
Salem, Oregon 97301-2532
Secure Fax: 503.986.4746

Make checks payable to <u>Oregon Department of Agriculture</u>. All dishonored checks or electronic payments will incur a \$35.00 administrative fee per ORS 30.701.

For Visa, MasterCard, Discover, or American Express card charges, complete the following information:

Name of cardholder: ______ Phone: ______

Address of cardholder: ______ Phone: ______

Email or fax receipt available for credit card payments ONLY.

Print email address or fax number: ______ Total Charges: ______

Card Number: _____ Expiration Date: ______