



HEMP GROWER / GROW SITE LICENSE APPLICATION

Esta solicitud está disponible en español e inglés. En caso de discrepancia entre las dos versiones, prevalecerá la versión en inglés. This application is available in Spanish and English. In the event of any discrepancy between the two versions, the English version will control.

Grower and Hemp Grow Sites licenses are valid for a one-year term, from January 1 to December 31, unless revoked.

1. **Licensee's Business Name:** _____
2. **Hemp Grower License Number (if applicable):** _____ (example: AG-R1234567IHG)
3. **Legal Status of Licensee:** Individual LLC Other _____
4. **Oregon Secretary of State Registration Number:** _____
<https://sos.oregon.gov/business/Pages/register.aspx> (If applicable, NOT your tax ID number)
5. **Employer Identification Number:** _____ (For business entities only)
6. **List Key Participants:** List members, officers, owners, and any other key participants authorized to make changes to the license. All key participants must complete a background check which includes fingerprinting. Only those with no felony drug convictions in the last 10 years will be licensed to grow hemp. ODA will send an email to the email address provided in #7 with important steps on how to submit background checks.

Name _____ Title _____ Phone _____ DOB _____

Name _____ Title _____ Phone _____ DOB _____

Name _____ Title _____ Phone _____ DOB _____

Name _____ Title _____ Phone _____ DOB _____

7. **Primary Contact Person:** (Person listed on printed license and primary contact for license and inspection appointments)

Name _____ Email _____

Status of main contact: (check all that apply): Owner Consultant Employee

Primary phone number _____ Title _____

Mailing Address _____

City _____ State _____ ZIP _____

8. Grow Site Information: (Address where the hemp is being grown)

Grow site name (Required: Limit to 10 characters) _____

Street address: _____ County _____

City _____ State _____ ZIP _____

9. Production Area Information: List each production area separately; use additional pages to list more production areas. *If a production area is a pivot, it is a separate grow site and must have its own application.* (Production Area names and other information provided must be used/match on all testing forms).

AREA 1 (Location of Hemp on Grow Site property)

Provide Area Name (Required: Limit to 10 characters) _____

Area Size*: _____ Area Type: Field Greenhouse/Indoor Structure

*List field size in acres, and greenhouse/indoor size in square feet.

Hemp Intended Use (check all that apply):

CBD Fiber Grain Seed** Propagative Material

**If you are growing hemp seed to sell/transfer to another entity, a Hemp seed License is required.

Number of harvests planned for this area: _____

Location of Area 1 on property***: Latitude _____ Longitude _____

***List Global Positioning System (GPS) coordinates in decimal form: e.g., 44.123456, -123.123456.

AREA 2 (Location of Hemp on Grow Site property)

Provide Area Name (Required: Limit to 10 characters) _____

Area Size*: _____ Area Type: Field Greenhouse/Indoor Structure

*List field size in acres, and greenhouse/indoor size in square feet.

Hemp Intended Use (check all that apply):

CBD Fiber Grain Seed** Propagative Material

**If you are growing hemp seed to sell/transfer to another entity, a Hemp seed License is required.

Number of harvests planned for this area: _____

Location of Area 1 on property***: Latitude _____ Longitude _____

***List Global Positioning System (GPS) coordinates in decimal form: e.g., 44.123456, -123.123456.

10. Will hemp grown at this address be stored or dried at different location?

No Yes (If yes, provide the address):

Street Address _____ County _____

City _____ State _____ Zip _____

11. Is there an OMMP Medical grow(s) at this address?

No Yes (If yes, provide OMMP license details below.)

OMMP license #(s) _____

12. Do you have or have you had an OLCC Recreational Marijuana license in the past 2 years?

No. Yes - If yes, please provide the following information for each (attach additional page if needed):

Business name(s)	Type	Premises Address	License #(s)	Active?(Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Premises Map: show boundaries of tax lot and each grow site, including visual indication of all doors, windows, fencing, gates, driveways, and roads. If there is a medical grow or OLCC license at this address, indicate the location of that license(s) on the map. NOTE: Faxed applications with heavily colored maps may be too dark to review; electronic copy might be requested. Keep a copy for your records.

14. End of the Year Hemp Crop Report. (Do not leave blank)

If you grew hemp last year, please provide the following information.

Amount Harvested: _____ Acres (Field) Square Feet (Greenhouse/Indoor)

Did not grow hemp last year

15. Irrigation of a commercial crop in Oregon requires a legal source of water for production. Please visit this link for more information on water use permits.: <https://oda.fyi/WaterResources> .

Legal source of water to be used for irrigation of your production site:

Groundwater Surface Water Other: _____

If you will be using a water right, please include the permit or certificate number: _____

16. FSA Farm Number: _____

(Contact your local FSA office if you don't have this number.)

17. Did you report your crop acreage to the FSA?

No Yes

18. Do you plan to trim hemp, produce kief, or make pre-rolls?

No Yes - If yes, Circle desired endorsements above and check corresponding boxes on a new LUCS form for those endorsement requests, as found under "Grow Site Endorsements."

19. Signature and Acknowledgment:

Applicant for License acknowledges and agrees that:

- The information provided is true and correct, applicant's signature is proof of that fact.
- Criminal Background checks will be mandatory for all key participants (No felony convictions related to controlled substances within the last ten (10) years) before applications can be considered for approval.
- Information provided to the Department may be publicly disclosed and may be provided to law enforcement agencies without notice to the applicant.
- The Department may enter any field, facility or greenhouse used for production of hemp or agricultural hemp seed and may take samples and test for total THC concentration of the crop, including agricultural hemp seed, as necessary for the administration of the hemp laws.
- All fees lawfully due to the Department must be timely paid.

- If using irrigation water, applicant has or will obtain the appropriate water use permit. Information concerning water use permits can be found at <https://oda.fyi/WaterUsePermits>.
- If leasing land for hemp production, an informed consent form must be signed by the owner of the premises or the property owner's legal representative for the grow site.
- Growers must ensure an authorized laboratory conducts pre-harvest testing for total THC in accordance with OAR 603-048-0600 for each production area before harvest.
- Growers must meet all laws and regulations pertaining to hemp growers including ORS 571.260 to 571.348 and OAR Chapter 603, Division 48.
- Growers will need to register their grow site with the United States Department of Agriculture Farm Service Agency in accordance with 7 CFR 990.7.
- All production, storing, processing, handling, packaging, labeling, marketing, and selling of agricultural hemp seed must meet all applicable seed laws. Seed laws include ORS 633.500 through 633.996 and seed regulations found in OAR 603-056-0490.
- Individuals must be licensed with the Department as a hemp grower before growing hemp, as required by Oregon law.
- Renewal applications must be received with full fee payment no later than December 1st or licensure will expire.
- No new grow sites may be added after May 31 or July 31 with the late fee identified in OAR 603-048-0700.
- All records associated with your hemp business will be maintained for no less than three (3) years after the total disposition of each harvest lot.

I (Key Participant's printed name) _____ agree to all of the above. By signature below I attest that the information in this application form is true, correct, and the above requirements are understood.

Key Participant Signature: _____ Date _____

IMPORTANT NOTES:

- **License will not be issued until application has been approved.**
- **DO NOT PLANT until written notification of license approval is received from the Department of Agriculture.**
- **Keep a copy of this application and all other records associated with your hemp business, as required by Oregon law, for three years from disposition of crop.**

LICENSE RENEWAL:

- **The Department must receive completed renewal application and full fee payment no later than December 1st of the current license year.**
- **All application requirements for an initial license apply to a renewal application except as specifically identified in OAR 603-048-0200.**

20. **Fee and Payment Information:** (if licensing additional grow sites, no additional grower license fee is required)

IMPORTANT NOTES:

- **Do not email this form with payment information**, submissions with credit card information will be **rejected**.
- Please print and fill out all pages, then mail or fax them to the appropriate address below.
- Email or fax receipts are available for credit card payments ONLY.
- You can pay in person at the payment window on the first floor of the ODA Salem Office location (635 Capitol Street NE, Salem) to expedite this process. Public access is through the doors on the West side. ODA business hours are Monday - Friday, 8am – 5pm.
- Any grow site license application received between May 31 & July 31 will be charged a **\$250 nonrefundable late fee**. **No grow site applications will be accepted after July 31st**.

	<u>FEE</u>	<u>FEES DUE</u>
<input type="checkbox"/> Hemp Grower License	\$350	\$ _____
<input type="checkbox"/> Hemp Grow Site License	\$875	\$ _____
<input type="checkbox"/> Key Participant Fee X _____	\$75 each	\$ _____
<input type="checkbox"/> LATE FEE for applications submitted after <u>May 31st</u>	\$250	\$ _____

Fees are NONREFUNDABLE and are not prorated. Applications without full payment by deadline will not be processed.

APPLICATION SUBMISSION OPTIONS: Email to hempapplications@oda.oregon.gov or fax to 503-986-4746.

PAYMENT OPTIONS:

- 1) **Online** payments with credit card, email completed application to hempapplications@oda.oregon.gov to receive a payment code and instructions. (DO NOT indicate credit card information on this application.) Please allow up to 72 hours for a response. ***DO NOT EMAIL CREDIT CARD INFORMATION***
- 2) **Check* or money order via USPS only**, mail to:
 Oregon Department of Agriculture
 PO Box 4395, Unit 17
 Portland, OR 97208-4395
- 3) **Check* or money order via UPS or FEDEX only**, mail to:
Mail check*/money order payable to Oregon Department of Agriculture to:
 Oregon Department of Agriculture
 635 Capitol St. NE, Suite 100
 Salem, OR 97301-2532

*** All dishonored checks or electronic payments will incur a \$35 administrative fee as per ORS 30.701.**

NOTE: A receipt is automatically provided as for proof of payment only. License will not be issued until application the has been approved.



Property Owner Authorization Form

I hereby affirm that I am the owner of the property located at:

Property Address/Location: _____

City: _____ State: _____ Zip Code: _____

By signing below, I hereby acknowledge and grant permission to allow: _____
("Applicant") to operate a hemp related business as defined by ORS 571.260 – 571.348 at the above-described address. I further acknowledge that I have been informed that industrial hemp will be grown at the above-described address. I understand that the Applicant may allow employees of the Oregon Department of Agriculture (ODA) and the Oregon Liquor and Cannabis Commission (OLCC) to access my property at the above-described address in order to inspect for compliance with ODA licensing laws. This consent shall be valid for one calendar year. I understand that once a license is issued by ODA, my revocation of this consent is not grounds for ODA to terminate, suspend or otherwise take action against the licensee.

Signature of Owner: _____ Date: _____

Printed Property Owner Name: _____

Property Owner Contact Information:

Phone: _____ Email: _____

Mailing Address: _____

This Property Owner Authorization Form does not authorize the Applicant listed on the form to start growing industrial hemp at the above-described address. Applicant must first be issued a license by ODA.

If verification of applicant licensure is desired, please email hemp-records@oda.oregon.gov.



WHAT IS A LUCS? The LUCS is the process the ODA uses to determine if the ODA licenses and other approvals that affect land use are consistent with a local government comprehensive plan.

WHY IS A LUCS REQUIRED? Oregon law required that state agency activities related to land use be consistent with local comprehensive plans in accordance with ORS Chapter 197.

WHEN IS A LUCS REQUIRED? A LUCS is required for many ODA licenses and certain approvals for plans for related activities that affect land use. These activities are listed in the following form. In cases where a source needs more than one ODA license or approval, a single LUCS may be used.

You do not need a new LUCS if:

- You submitted a completed LUCS with a previous hemp license application
 - And have not made any changes to the *location* or *hemp* activities.
- ➔ Simply attach a copy of the completed LUCS to your current license application.

You must obtain a new LUCS if:

- You are applying for new license.
 - You are applying for a license at a new location.
 - You are applying for a license type that you have not held before, even if it is at the same location as another license.
 - You are requesting endorsement for new activities.
 - Your prior LUCS has been revoked or expired.
- ➔ Follow instructions below to complete the LUCS form and then attach it to your current license application.

NOTE: We cannot complete processing of your Hemp License application until we receive a completed LUCS which indicates that the activities proposed are approved by the local city or county planning office.

HOW TO COMPLETE A LUCS:

- The LUCS form is included in the ODA license application or approval packet.
- The applicant fills out Section 1 of the LUCS and then submits it to the city or county planning office.
- The local planning office determines if the business or facility meets all local planning requirements.
- The local planning office must attach written findings of fact for local reviews or other necessary planning approvals that are required of the applicant.
- The applicant includes the completed LUCS and attachments with the license application.

WHERE TO GET HELP: Questions on the LUCS are to be directed to ODA, Hemp Program, at 503-986-4652.



CITY/COUNTY USE ONLY
Date received from license applicant:
Received by (print):
Initials:

What is a land use compatibility statement (LUCS)? The LUCS is a form used by a state agency and local government to determine whether a land use proposal is consistent with local government’s comprehensive plan and land use regulations.

How to complete a LUCS:

- **Step 1: Applicant** completes Section 1 of this form and submits it to the appropriate city or county planning office. Applicant verifies with local jurisdiction whether additional forms, applications, or permits are required.
- **Step 2: Local jurisdiction** completes Section 2 of this form indicating whether the proposed use is compatible with the acknowledged comprehensive plan and land use regulations and returns signed and dated form to the applicant.
 - Applicant completes payment to local jurisdiction for processing application.
- **Step 3: Applicant** submits this completed, date-stamped form and any supporting information provided by the city or county to the ODA with the license application.

Section 1 - To be Completed by Applicant
**Sections marked with an asterisk should be verified with the local planning department prior to submitting this form.*

Applicant Name: Phone:

Mailing Address: Rm/Ste:

City: State: ZIP:

Site plan of the subject property and proposed development is attached (required).

Address: Rm/Ste:

City: County: ZIP:

Tax Lot #*: Range/Section*: Latitude:

Township*: Map*: Longitude:

PROPOSED USE/PERMIT TYPE SOUGHT (A separate LUCS may be necessary for each proposed use even if it is on the same property):

- Hemp Grow Site** **Hemp Handler**

DETAILS OF PROPOSED USE (Check all that apply):

Grow Site Endorsement(s)

- Trimming/Usable Hemp/Storage & Packing** of trimmed, usable Hemp - only hemp cultivated by the license subject of this application
- Hemp Kief/Storage & Packing of Kief** - only by mechanical methods, from hemp cultivated by the license subject of this application
- Manufacture of Hemp Pre-rolls/Usable Hemp/Storage & Packing of Pre-rolls** - must be plain, unflavored, made of only flower cultivated by the license subject of this application

Applicant’s description of activities (process and equipment used) within requested endorsement:

Handler Endorsement(s)

- Hemp Edible**
- Hemp Topical**
- Hemp Concentrate**
- Hemp Extract**

Applicant’s description of activities (process, equipment and any solvents used) within requested endorsement(s):

Section 2 - To be Completed by Local Jurisdiction (city or county that authorizes land use).

Site Location:

- Inside city limits Inside UGB Outside UGB

Name of Jurisdiction:

Property Zoning of
Proposed Premises:

- The proposed land use has been reviewed and **is prohibited.**
 The proposed land use has been reviewed and **is not prohibited.**

If the proposed land use is allowable only as a conditional use, permits are required as noted below.

Example: Are some but not all requested endorsement activities allowed? Does a requested endorsement require an inspection and approval from any other entity, such as from a professional engineer or fire marshal for extract processing? If so, please attach relevant documentation.

Comments:

Name of Reviewing Local Official (print):

Title:

Date:

Email:

Phone:

Signature:

Check this box if there are attachments to this form