



HEMP HANDLER 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.

Hemp Handler 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:** _____
5. <https://sos.oregon.gov/business/Pages/register.aspx> (If applicable, NOT your tax ID number)
6. **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 _____
7. **Handling Site Information:**
Site name (Required: Limit to 10 characters) _____
Street address: _____ County _____
City _____ State _____ ZIP _____
8. **Equipment**
Please list any equipment you will be using for processing of hemp:

9. **Endorsement(s) Requested:** (There is no charge for endorsements. Please match these requests on your LUCS.)
☐ Hemp Edible
☐ Hemp Topical
☐ Hemp Concentrate
☐ Hemp Extract

10. 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)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. 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.

12. End of the year commodity/product report

If you processed hemp last year, please provide the type and amount of hemp commodities and products produced:

a. Type _____ Amount Produced _____

b. Type _____ Amount Produced _____

c. Type _____ Amount Produced _____

d. ☐ Did not process hemp last year

13. Signature

Applicant for license acknowledges and agrees that:

- Any information provided to the Department will be publicly disclosed and will be provided to law enforcement agencies without notice to the licensee.
- The Department may enter any field, facility or greenhouse used for handling of hemp or agricultural hemp seed and may take samples of the crop, including agricultural hemp seed, as necessary for the administration of the hemp laws.
- All fees lawfully due to the Department are timely paid.
- The information provided is true and correct and the applicant's signature is an attestation of that fact.
- All appropriate testing will be conducted before selling or transferring hemp processed under this License.
- 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.
- All records associated with your hemp business will be maintained for no less than three (3) years after the total disposition of each process lot or each harvest lot.
- A license cannot be moved.

I (Print name of Business Owner) _____ 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.

Signature _____ Date _____

IMPORTANT NOTES:

- Applications received after June 30, 2026 will require approved LUCS for specific Handler Endorsements which may require a certified, passing equipment inspection by a professional engineer.
- License will not be issued until application has been approved.
- DO NOT BEGIN PROCESSING 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 603-048-0225.

11. Fee and Payment Information

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). Public access is through the doors on the West side.
- Digital signatures on this payment page are not accepted and will result in a rejected payment.
- Check box A or B **do not check both**. Check box A for hemp handler license, check box B for hemp handler reciprocity license. **Reciprocity licenses only apply to marijuana processors with a hemp endorsement. If licensing via reciprocity attach a copy of your marijuana processors license and hemp endorsement.**

	FEE	FEES SUBMITTED
<input type="checkbox"/> A. Hemp Handler License	\$2,275	\$ _____
<input type="checkbox"/> B. Hemp Handler Reciprocity License*	\$875	\$ _____

***OLCC Marijuana Processor license with Hemp Endorsement required for Hemp Handler Reciprocity license.**

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 begin processing 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:	<input type="text"/>	Phone:	<input type="text"/>
Mailing Address:	<input type="text"/>	Rm/Ste:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		ZIP:	<input type="text"/>

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

Address:	<input type="text"/>	Rm/Ste:	<input type="text"/>
City:	<input type="text"/>	County:	<input type="text"/>
		ZIP:	<input type="text"/>
Tax Lot #*:	<input type="text"/>	Range/ Section*:	<input type="text"/>
Township*:	<input type="text"/>	Map*:	<input type="text"/>
		Latitude:	<input type="text"/>
		Longitude:	<input type="text"/>

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 ☐