

HEMP VENDOR SITE LICENSE APPLICATION

Vendor Site License is valid from July 1 until June 30, unless revoked.

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.

I.	Licensee's Business Name			
2.	Legal Status of Licensee			
3.	Oregon Secretary of State License Number			
	https://sos.oregon.gov/business/Pages/register.aspx (NOT your tax ID number. If your operation is out-of-state, you must register with the OR Secretary of State as "Foreign Entity.")			
1.	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			
4. Vendor Site Information (Physical address where product will be stored/distributed from)				
	Vendor site name (Limit to 10 characters):			
	Street address County			
	City State ZIP			
	Website			

5. 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 Vendor Site and may take samples of the hemp items and or products 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 testing, labeling, & registry requirements will be met prior to sale/transfer of hemp items and or products.

•	All records associated with the hemp business named on this application will be maintained for no less than three (3) years after the total disposition of each item and or product.			
1	(Representative's printed name)		agree to all of the above.	
В	v signature below I attest that the information in this application form is true, correct, and the above quirements are understood.			
S	ignature		Date	
7. Fee	and Payment Information			
IMI	PORTANT NOTES:			
•	Do not email this form with payment inform rejected. Please print and fill out all pages, then mail of Email or fax receipts are available for credit You can pay in person at the cashier's windo Street NE, Salem) to expedite this process. Find hours are Monday - Friday, 8am - 5pm. Digital signatures on this payment page are Hemp Vendor Site License	or fax them to the appropriat card payments ONLY. ow on the first floor of the OD Public access is through the compart of the	e address below. A Salem Office location (635 Capitol loors on the West side. ODA business in a rejected payment. FEES SUBMITTED \$	
APPLIC	CATION SUBMISSION OPTIONS: Email to hemp	papplications@oda.oregon.gov	or fax to 503-986-4746.	
PAYME	ENT 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 t	o Oregon Department of Ag	riculture to:	
	Oregon Department of Agriculture			

635 Capitol St. NE, Suite 100

Salem, OR 97301-2532

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

NOTE: A receipt is provided for credit card payments and is only for proof of payment. License will not be issued until application the has been approved.