



2022 HEMP GROWER RESEARCH LICENSE APPLICATION

1. Licensee's Business Name _____

2. Legal Status of Licensee: Individual LLC Other _____

3. Oregon Secretary of State License Number _____
https://sos.oregon.gov/business/Pages/register.aspx (If applicable, NOT your tax ID number)

4. Employer Identification Number _____

5. List Key Participants: List members, officers, owners, and any other key participants, such as principal investigator, 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 licensed to grow hemp. ODA will send an email to the email provided in Section 6 with important steps on how to submit background checks. * Watch for this important next step! *

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

6. Main Contact Person: (This person will be listed on the printed license, and will be the primary contact for license and inspection appointments.)

Name _____ Email _____

Status of main contact: (check all that apply):
Owner Employee Other (Please list) _____

Phone _____ Cell Phone _____

Mailing Address _____

City _____ State _____ ZIP _____

7. Grow Site Information (Address where hemp is being grown.)

Site 1

Provide grow site name (Required: Limit to 10 characters of your choosing) _____

Amount (in acres/square feet) _____

Street address _____ County _____

City _____ State _____ Zip _____

***Required Attachment: copy of a [map showing boundaries](#) of this area. Keep a copy for your records.**

Please note: Faxed applications with heavily colored maps can often be too dark to review and will need to be updated.

Site 2

Provide grow site name (Required: Limit to 10 characters of your choosing) _____

Amount (in acres/square feet) _____

Street address _____ County _____

City _____ State _____ Zip _____

***Required Attachment: copy of a [map showing boundaries](#) of this area. Keep a copy for your records.**

Please note: Faxed applications with heavily colored maps can often be too dark to review and will need to be updated.

Site 3

Provide grow site name (Required: Limit to 10 characters of your choosing) _____

Amount (in acres/square feet) _____

Street address _____ County _____

City _____ State _____ Zip _____

***Required Attachment: copy of a [map showing boundaries](#) of this area. Keep a copy for your records.**

Please note: Faxed applications with heavily colored maps can often be too dark to review and will need to be updated.

8. When submitting an application for a research grower license, the applicant must submit the following:

- A written research plan that identifies the purpose of the research for conducting the research. The plan must identify the amount of cannabis intended to be grown. It must also identify how the applicant will ensure the plants and plant material remains at the grow site and prevent the material from entering the commercial marketplace.
- A written destruction plan that identifies when and how an applicant will timely dispose of plants grown under the license.

9. Are you are storing or drying your own hemp produced at another location please provide address?

Yes No (If you are commercially drying for others, you will be required to have a Handlers Registration). If yes, provide hemp storage address:

Street address _____ County _____

City _____ State _____ Zip _____

Contact name for this location _____ Phone _____

10. Irrigation of a commercial crop in Oregon requires a legal source of water for production. Go to <https://oda.fyi/WaterResources> for information on water use permits.

What legal source of water will you be using 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 _____

11. Signature

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 are mandatory for all key participants (No felony convictions related to controlled substances within the last ten (10) years) before applications can be approved.
- 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 or handling 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 or processing, applicant obtained permission from the landowner prior to applying to grow or process hemp.
- Growers and handlers must meet all laws and regulations pertaining to hemp growers and handlers including ORS 571.260 to 571.348 and OAR Chapter 603, Division 48.
- 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 Administrative Rule.
- 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.
- Licensed research grow site or research facility may not be co-located with a non-research grow site, a medical marijuana grow site registered under ORS 475B.810 or marijuana producer licensed under ORS 475B.070.
- Except as permitted in OAR 603-048-0127, ensure that all cannabis, and all parts thereof, grown under the grower research license remains at the licensed grow site, research facility listed on the application, or laboratory and that the cannabis does not enter the commercial marketplace or used by a consumer.

I (print your name) _____ agree to general conditions that in addition to meeting all laws and regulations pertaining to hemp growers and handlers, ORS 571.260 to 571.348 and OAR Chapter 603, Division 48,. By signature below I attest that the information in this application form is true, correct, and the above requirements are understood.

Signature _____ Date _____

Keep a copy of this application and all other records associated with your hemp business as required by Oregon Administrative Rule for three years past harvest or disposition of seed. License will not be issued until application has been approved. Do not plant until License is finalized from the Department of Agriculture.

12. Fee and Payment Information

(An applicant for a research grower license must submit the fee for a grower license in OAR 603-48-0700(1)(a) with its application but is not required to submit a fee for a grow site license. The applicant must identify every grow site in the application.)

	FEE	FEES SUBMITTED
<input type="checkbox"/> Hemp Grower License	\$250	\$ _____
<input type="checkbox"/> Key Participant Fee X _____	\$75 each	\$ _____

Licenses for Grower and Hemp Grow Site Licenses are valid for a one-year term beginning January 1, 2022 and ending December 31, 2022 unless revoked. Fees cannot be pro-rated and are non-refundable.

**For checks or money orders,
mail (USPS only) to:**

Oregon Department of Agriculture
PO Box 4395, Unit 17
Portland, OR 97208-4395

For credit card charges, mail or fax to:

Oregon Department of Agriculture
635 Capitol St. NE, Suite 100
Salem, OR 97301-2532
Secure Fax: (503) 986-4746

DO NOT EMAIL CREDIT CARD INFORMATION

Make checks payable to Oregon Department of Agriculture.

All dishonored checks or electronic payments will incur a \$25 administrative fee as per ORS 30.701.

A receipt is available by email or fax for credit card payments ONLY. If you would like to receive a receipt, provide an email address: _____
or a fax number: _____

For Discover, Visa or MasterCard charges complete the following information

Name of Cardholder _____ Phone _____

Address of Cardholder _____ City _____ Zip _____

Signature: _____ Total Charges: \$ _____

Card Number: _____ / _____ / _____ / _____ Expiration Date: _____ / _____

DO NOT EMAIL CREDIT CARD INFORMATION

Receipt is for proof of payment only