



HEMP SEED INFORMATION

1. Licensee's Business Name: _____

2. 2021 Hemp Grower Registration Number (if applicable): _____
(example: AG-R1234567AHS)

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. List Key Participants: (List members, officers, owners, or other key participants who are authorized to make changes to the license. Use continuation form if you need to add more key participants.)

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 Consultant Employee Other (Please list) _____

Phone _____

Mailing Address _____

City _____ State _____ ZIP _____

7. 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;
- Any 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 irrigated 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 land owner prior to applying to grow or process hemp;
- A pre-harvest test for total THC must be conducted for each production area before harvest as required by OAR 603-048-0600.

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, all production, storing, processing, handling, packaging, labeling, marketing and selling of agricultural hemp seed must meet all applicable seed laws. Regulations as specified in ORS 633.500 through 633.996 and seed regulations OAR 603-056-0490. 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.

8. Fee and Payment Information

	FEE	FEES SUBMITTED
Hemp Seed License	\$500	\$ _____

Licenses for Hemp Seed 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.

**Receipt is for proof of payment only.
Registration will not be issued until application has been approved.**

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