



1. Licensee's Business Name: _____

2. 2022 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 provided in Section 6 with important steps on how to submit background checks. Watch for this important next step!

Name _____ Title _____ Phone _____ DOB _____

Name _____ Title _____ Phone _____ DOB _____

Name _____ Title _____ Phone _____ DOB _____

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7. Main 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. (Complete if submitting a Grow Site to be licensed.)

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

Street address: _____ County _____

City _____ State _____ Zip _____

***Required Attachment: copy of a map showing boundaries of this growing site. 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.

9. **Production Area Information:** List each production area separately. (Production Area names and other information provided must be used on all testing forms).

Area 1. (location of Hemp on Grow Site property)

Provide Area Name (*Required: Limit to 10 Characters) _____

Area type: Field **or** Greenhouse/Indoor Area Size: _____

(Please list a field's size in acres, and a greenhouse/indoor size in square feet)

Hemp Intended Use (check all that apply):

Flower Fiber Biomass Hemp seed Propagation

Please note: If you are growing hemp seed to sell/transfer to another entity you will need a Hemp Seed License. Also, if you are propagating hemp starts/clones to sell/transfer to another entity you will need a Nursery License.

How many harvests are planned for this area in 2023? _____

Location of Area 1 on property

Latitude _____ Longitude _____

List Global Positioning System (GPS) coordinates (In Decimal: e.g., 44.123456, -123.123456)

*** 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.

Area 2. (location of Hemp on Grow Site property)

Provide Area Name (*Required: Limit to 10 Characters) _____

Area type: Field **or** Greenhouse/Indoor Area Size: _____

(Please list a field's size in acres, and a greenhouse/indoor size in square feet)

Hemp Intended use (check all that apply):

Flower Fiber Biomass Hemp seed Propagation

Please note: If you are growing hemp seed to sell/transfer to another entity you will need a Hemp Seed License. Also, if you are propagating hemp starts/clones to sell/transfer to another entity you will need a Nursery License.

How many harvests are planned for this area in 2023? _____

Location of Area 2 on property

Latitude _____ Longitude _____

List Global Positioning System (GPS) coordinates (In Decimal: e.g., 44.123456, -123.123456)

*** 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.

If you need additional production areas, make as many copies of this page as needed.

Area 3. (location of Hemp on Grow Site property)

Provide Area Name (*Required: Limit to 10 Characters) _____

Area type: Field **or** Greenhouse/Indoor Area Size: _____

(Please list a field's size in acres, and a greenhouse/indoor size in square feet)

Hemp Intended use (check all that apply):

Flower Fiber Biomass Hemp seed Propagation

Please note: If you are growing hemp seed to sell/transfer to another entity you will need a Hemp Seed License. Also, if you are propagating hemp starts/clones to sell/transfer to another entity you will need a Nursery License.

How many harvests are planned for this area in 2023? _____

Location of Area 3 on property

Latitude _____ Longitude _____

List Global Positioning System (GPS) coordinates (In Decimal: e.g., 44.123456, -123.123456)

*** 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.

10. Are you are storing, or drying hemp produced at the location listed on this application, at a separate location? If so, please provide the address.

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

Street Address _____ County _____

City _____ State _____ Zip _____

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

If you grew hemp in 2022, please provide the following information:

Acres or square feet harvested: _____ Pounds of hemp harvested: _____

or Check box if you did not grow hemp in 2022

12. Irrigation of a commercial crop in Oregon requires a legal source of water for production. Please visit this link <https://oda.fyi/WaterResources> for more 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: _____

13. FSA Farm Number: _____

(This Farm Number can be found in your account at <https://hemp.ams.usda.gov/s/>)

14. 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.
- 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.
- 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 (print your 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.

Signature _____ Date _____

**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 will not be issued until application has been approved.
Do not plant until License is finalized from the Department of Agriculture.**

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

	FEE	FEES SUBMITTED
<input type="checkbox"/> Hemp Grower License	\$350	\$ _____
<input type="checkbox"/> Hemp Grow Site License	\$875	\$ _____
<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, 2023, and ending December 31, 2023, 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: _____

Please note: A receipt is for proof of payment only,

License will not be issued until application has been approved.

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



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

Property Address/Location: _____

City: _____ State: _____ Zip Code: _____

Tax Map and Parcel Number: _____ - _____ - _____ - _____ - _____

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 for valid for one calendar year beginning January 1, 2023. 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 Owner Name: _____

Property Owner contact phone number: _____

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