



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. 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 _____

Name _____ Title _____ Phone _____ DOB _____

6. 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 _____

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>.
- 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 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 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	\$875	\$ _____

Licenses for Hemp Seed 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