



HEMP GROWER RESEARCH LICENSE APPLICATION

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.

1. Licensee's Business Name: _____

2. Hemp Grower Research 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 licensed to grow hemp. ODA will send an email to the email address provided in Section 6 with important steps on how to submit background checks.

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 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 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.

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 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.

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 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.

If you need additional grow sites, make as many copies of this page as needed.

9. When applying 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.

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. 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: _____

12. 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 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 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 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 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.

13. License Renewal.

The Department must receive the complete renewal application by no later than December 1 of the current license year. All application requirements for an initial license apply to a renewal application except as specifically identified in OAR 603-048-0200.

14. Fee and Payment Information

IMPORTANT NOTES:

- **Do not email this form with payment information**, all emailed submissions will be **rejected**.
- Please print and fill out all pages, then mail or fax them to the appropriate address below.
- Email or fax receipts are available for credit card payments ONLY.
- You can pay in person at the payment window on the first floor of the ODA Salem Office location (635 Capitol Street NE, Salem) to expedite this process. Public access is through the doors on the West side.
- Digital signatures on this payment page are not accepted and will result in a rejected payment.
- Any license application received between May 31 & July 31 will be charged a \$250 nonrefundable late fee.

	FEE	FEES SUBMITTED
<input type="checkbox"/> Hemp Grower Research License	\$350	\$ _____
<input type="checkbox"/> Key Participant Fee X _____	\$75 each	\$ _____
<input type="checkbox"/> Hemp Grower Research License Late Fee	\$250	\$ _____

Licenses for Grower Research Licenses are valid for a one-year term beginning January 1, and ending December 31, unless revoked. Fees cannot be pro-rated.

For checks or money orders, mail (USPS only) to:
Oregon Department of Agriculture
PO Box 4395, Unit 17
Portland, OR 97208-4395

For checks or money orders by UPS or FEDEX and 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 \$35 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 American Express, Discover, Visa or MasterCard charges complete the following information:

Name of Cardholder _____ Phone _____

Address of Cardholder _____ City _____ Zip _____

Signature _____ Total Charges: \$ _____

*Digital signatures are not accepted, **please use a pen**

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

DO NOT EMAIL CREDIT CARD INFORMATION



Property Owner Authorization Form

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

Property Address/Location: _____

City: _____ State: _____ Zip Code: _____

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 valid for one calendar year. 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