



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 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. 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 \_\_\_\_\_

## 6. 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 \_\_\_\_\_

**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.

	FEE	FEES SUBMITTED
<input type="checkbox"/> Hemp Seed License	\$875	\$ _____

**Licenses for Hemp Seed 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: \_\_\_\_\_/\_\_\_\_\_

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