



Vendor Site License is valid from July 1 and ending June 30, unless revoked. Fees cannot be pro-rated.

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. **Legal Status of Licensee:** Individual ☐ LLC ☐ Other _____

3. **Oregon Secretary of State License Number** _____
<https://sos.oregon.gov/business/Pages/register.aspx> (NOT your tax ID number) (Registry from another state, if applicable.)

4. **Primary Contact:**

Name _____ Email _____

Status of main contact: (check all that apply): Owner ☐ Consultant ☐ Employee ☐

Primary phone number _____ Title _____

Mailing Address _____

City _____ State _____ ZIP _____

5. **Vender Site Information**

Business Name (DBA): _____

Street address: _____ County _____

City _____ State _____ Zip _____

6. **Signature**

Applicant for license acknowledges and agrees that:

- Any information provided to the Department will be publicly disclosed and will be provided to law enforcement agencies without notice to the licensee.
- The Department may enter any Vendor Site and may take samples of the hemp items and or products as necessary for the administration of the hemp laws.
- All fees lawfully due to the Department are timely paid.
- The information provided is true and correct and the applicant's signature is an attestation of that fact.
- All appropriate testing will be conducted before selling or transferring hemp items and or products under this License.
- All records associated with the hemp business named on this application will be maintained for no less than three (3) years after the total disposition of each item and or product.

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 _____

7. Fee and Payment Information

IMPORTANT NOTES:

- Only use **USPS** to mail in your payments (do not send this using UPS or FED-EX).
- **Do not email this form or 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 cashier's 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. ODA business hours are Monday - Friday, 8am – 5pm.
- **Digital signatures on this payment page are not accepted** and will result in a rejected payment.

	FEE	FEES SUBMITTED
☐ Hemp Vendor Site License	\$100	\$ _____

Vendor Site License are valid for a one-year term beginning July 1, 2024, and ending June 30, 2025, 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 processed. A paper copy of license will be mailed to the address listed above.

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