



Department of
Agriculture

New License Application Instructions

New License Application Instructions

For Business applicants and Non-University Researchers, the Key Participants tab is next. As shown below. Please read the tab fully before adding information. When you are ready, click the "Add" button to begin. Please complete all required fields, then click the "Save & Next" button. Please proceed to the next page.

Key Participants

All "key participants" must be identified and submit to a background check. Key participants means "a sole proprietor, a partner in partnership, or a person with executive managerial control in a corporation. A person with executive managerial control includes persons such as a chief executive officer, chief operating officer and chief financial officer. This definition does not include non-executive managers such as farm, field, or shift managers."

If the **Individual primarily responsible for operations** is different from the **Individual Authorized to Sign on Behalf of Business**, please add that person as a Key Participant.

[Add](#)

First Name	Last Name	Title	Address	Email	Phone	Action
No Record Found						

[Save & Next](#)



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The Background tab is next. The applicant's name should prepopulate into the table, as shown below. For Business or Non-University Researcher applicants, the name(s) of any key participant(s) will also prepopulate into the table.

Please click the "pencil" icon to add the date that each person completed a background check **specifically for the Hemp Program**. Please note: Only background checks completed **within the last 60 days** are valid. Please click the "Save & Next" button when finished. Please view your next step below based on your application type.

Background				
First Name	Last Name	Background Check?	Date	Action
Hemp	Test Account			

[Save & Next](#)



Application Type:	Next Step:
Cultivation, Processor, and Non-University Researcher	Please proceed to the next page
University	Please skip to page 12

New License Application Instructions

The Secondary Contact tab is next. As shown below. Please read the tab fully before adding information. When you are ready, click the "Add" button to begin. Please complete all required fields, then click the "Save & Next" button. Please proceed to the next page.

Secondary Contact

You may authorize up to two secondary contact persons, other than the applicant, to send and receive information related to your hemp application and license. They may include key participants. They will be able to send and receive communications, but will not have the authority to make changes to the license. If you would like to add secondary contact person(s), complete the table below.

Applicant does not wish to designate a secondary contact. Applicant will be the only contact for this application and license.

[Add](#)

First Name	Last Name	Address	Email	Phone	Action
No Record Found					

[Save & Next](#)



New License Application Instructions

The Locations Tab is next. This is where you will provide information about your growing, processing, or storage location(s). Below is an example of a Locations tab. Please read through the instructions at the top of the tab, then watch a brief video on the mapping portion at <https://www.youtube.com/watch?v=1VfvKkQM-bQ>

Please click the "Add" button when you are ready to begin. Please complete all required fields. Please click the "Save & Next" button when finished and proceed to the next page.

Provide a list of all locations requested for licensing by completing the tables below

[Add Cultivation Location Address](#)

Address	City	State	County	Map Url	Action
No Record Found					

Map Locations

Structure	Location ID	Address	City	State	Zip	GPS Lat	GPS Long	Map View	Action
No Record Found									

[Save & Next](#)



New License Application Instructions

The Plan tab is next. The tab varies based on your application type. Please view your next steps below. Please remember that all required fields are designated with a red asterisk (*).

Cultivation:	Processor:	Non-University:	University:
<ol style="list-style-type: none"> 1. Please click on the "Operation Scope" link to provide information for each growing location. No additional information is needed for storage locations. 2. Please click the "Save & Next" button. 3. Please skip to page 15. 	<ol style="list-style-type: none"> 1. Please select options detailing your hemp operation. Please select all options that apply. 2. Please select options about the products you plan to produce. Please select all options that apply. 3. Please upload your Certificate of Occupancy document. 4. Please click the "Save & Next" button. 5. Please skip to page 15. 	<ol style="list-style-type: none"> 1. Please select options detailing your hemp operation. Please select all options that apply. 2. Please upload your Hemp Research Plan. 3. Please click the "Save & Next" button. 4. Please proceed to the next page. 	<ol style="list-style-type: none"> 1. Please indicate the type of research you are seeking to perform. 2. Please indicate the type of plant material you are seeking to do research on. 3. Please upload a brief summary of your research plan including the intended varieties used. 4. Please upload a university approval document indicating that you have approval from your University to conduct this research. 5. Please click the "Save & Next" button. 6. Please proceed to the next page.



New License Application Instructions

For Non-University Researcher and University applicants, the Prohibition on Sale and Transfer tab is next. Below is an example of the tab. Please complete the tab in its entirety, by reading each statement and checking the corresponding box on the left. Please click the "Save & Next" button and proceed to the next page.

Prohibition on Sale and Transfer	
No hemp plant material, hemp product, or any byproduct thereof, under the control of this license, shall be sold, offered for sale, delivered, bartered, auctioned, given away, or otherwise transferred.	<input type="checkbox"/>
All hemp plant material, under the control of this license, shall be destroyed at the conclusion of the research.	<input type="checkbox"/>
Acknowledgement	
Save & Next	



New License Application Instructions

The Acknowledgments tab is next. Please read the statement(s) and complete the tab in its entirety. Below is an example of the tab. Please remember that all required fields are designated with a red asterisk (*). Please click the "Save & Next" button and proceed to the next page.

For University applicants, your application is now complete.

Acknowledgements

The applicant agrees that the foregoing statements and information are, to the best of their knowledge and belief of the applicant, true and correct. The applicant acknowledges that any materially false information submitted by the applicant shall result in the denial, suspension, or revocation of their license. The applicant agrees to comply with all applicable regulations pursuant to Chapter 928 of the Revised Code. Additionally, the applicant agrees to permit the Ohio Department of Agriculture, or any of its authorized agents, to inspect applicant's facilities and records at any time. The applicant acknowledges that this application and any other documents provided by applicant will constitute a public record and thus may be publicly available to anyone who requests it.

First Name : *	<input type="text"/>	Last Name : *	<input type="text"/>
Middle Name :	<input type="text"/>	Suffix :	<input type="text" value="-Select Suffix-"/>
Date : *	<input type="text" value="11/20/2020"/>		

[Save & Next](#)

New License Application Instructions

The Fee and Payment tab is next. The tab displays your applicable fees. Please click the "Pay & Submit" button to continue to the payment screen.

Fee and Payment

In order to complete your application and make a payment, please press the "Pay and Submit Application" button below. It will direct you to a new window where you can make payment.

Please turn off your pop up blocker on your browser. Your pop up blocker will keep the payment pages from opening correctly. If you need help turning off your pop up blocker, click on the this link: [How to turn off your pop up blocker.](#)

If you are experiencing issues regarding payment, please call the Hemp Office directly at 614.728.2101.

Payment Method :

Application Fees :

Location Fees :

Total Fees :

New License Application Instructions

Please select your method of payment to begin the payment process. Please click the radio button next to your preferred method of payment. After making your selection, the payment screen will expand to display additional fields.

Select Payment Method

Please select a payment method.



- Credit Card**
- Electronic Check**

Technical Support

If you need technical support for this online payment processing application, please send an email to agr hemp@agri.ohio.gov.

New License Application Instructions

Please enter your payment information by completing all fields designated with a black asterisk (*). Shown below is image from the payment page for credit card payments. When finished, click the "Continue" button at the bottom of the screen.

Billing Information

First Name	Middle Name
<input type="text" value="Test"/>	<input type="text"/>
* Last/Business Name	* Phone
<input type="text" value="Account"/>	<input type="text" value="5555555555"/>
* Address Line 1	Address Line 2
<input type="text" value="8995 E. Main Street"/>	<input type="text"/>
* City	* State/Province/Region
<input type="text" value="Reynoldsburg"/>	<input type="text" value="Ohio"/>
* Zip/Postal Code	Country
<input type="text" value="43068"/>	<input type="text" value="United States"/>
Email	
<input type="text" value="testaccount@email.com"/>	





New License Application Instructions

After clicking the "Continue" button, the screen will direct you to the confirmation screen. Please review your information. When finished, click the "Confirm" button at the bottom of the screen to complete your payment. Your application is now complete.

Billing Information

First Name	Middle Name
<input type="text" value="Test"/>	<input type="text"/>
* Last/Business Name	* Phone
<input type="text" value="Account"/>	<input type="text" value="5555555555"/>
* Address Line 1	Address Line 2
<input type="text" value="8995 E. Main Street"/>	<input type="text"/>
* City	* State/Province/Region
<input type="text" value="Reynoldsburg"/>	<input type="text" value="Ohio"/>
* Zip/Postal Code	Country
<input type="text" value="43068"/>	<input type="text" value="United States"/>
Email	
<input type="text" value="testaccount@email.com"/>	
<input type="button" value="Back"/>	<input type="button" value="Confirm"/>



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You will receive an email confirmation from the Ohio Department of Agriculture (ODA) following the submission of a completed application.

ODA will process applications in the order that they are received. ODA is not able to expedite review of applications. In order to ensure that your application is processed in an expedient manner, please ensure that all parts of your application are completely and accurately filled out.

If ODA feels that a portion of your application is missing, incorrect, or otherwise deficient, ODA will send you an email notifying you of the deficiency. Your application will not be approved unless the deficiency is corrected by you through the web portal. If your application is not corrected within a thirty-day period, ODA will consider your license application abandoned.

As always, if you have any questions regarding the license application, or the program itself, please contact the Hemp program at hemp@agri.ohio.gov or by calling 614.728.2101.



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