

New License Application \_\_\_\_\_ (OR) License Renewal \_\_\_\_\_

License Expires April 30, 20\_\_\_\_\_

Applicant ID/License# \_\_\_\_\_

Business Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Contact Name \_\_\_\_\_

Fax Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Check License Types Required** (Persons acting as both a grower and dealer must pay both fees.)

- Ginseng Grower** License Fee: **\$25.00**
- Ginseng Dealer** (buys ginseng for resale, broker) License Fee: **\$25.00**

-----**Please Complete Information Below**-----

The reporting period is from May 1<sup>st</sup> to April 30<sup>th</sup> this year. To convert green weight to dry weight, multiply by .25 (25%).

**GROWERS:**

**Total Harvest:** \_\_\_\_\_ Lbs. (Dry Wt.)

**Total Sales to:** In-state (uncertified) \_\_\_\_\_ Lbs. (Dry Wt.)

Out-of-State (self-certified) \_\_\_\_\_ Lbs. (Dry Wt.)

**DEALERS:**

**Total Ginseng Bought:** Oregon-Grown \_\_\_\_\_ Lbs. (Dry Wt.)

Out-Of-State \_\_\_\_\_ Lbs. (Dry Wt.)

**List States and Amounts:** \_\_\_\_\_ Lbs. (Dry Wt.)

\_\_\_\_\_ Lbs. (Dry Wt.)

\_\_\_\_\_ Lbs. (Dry Wt.)

\_\_\_\_\_ Lbs. (Dry Wt.)

**Total Ginseng On Hand:** \_\_\_\_\_ Lbs. (Dry Wt.)

**For Checks or Money Orders, mail to:**

Oregon Department of Agriculture  
PO Box 4395, Unit 16  
Portland OR 97208-4395

**For Credit Card Charges, mail or fax to:**

Oregon Department of Agriculture  
635 Capitol St. N.E.  
Salem OR 97301-2532

Secure Fax  
(503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your registration.

**For Visa or MasterCard Charges Complete the Following Information**

Name of Cardholder: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

**Email or Fax receipt available for credit card payments ONLY. Print Email address or Fax#** \_\_\_\_\_

Signature: \_\_\_\_\_ Total Charges: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_