



SECTION 1: TO BE FILLED OUT BY APPLICANT

1. Business Name (Must match business name on Handler Application) FBHSM LLC
- Contact Person Ramon Baez
- Phone (858) 399-0299 Cell Phone (858) 399-0299
- Mailing Address 560 21st St. Ste. 180
- City Salem State Oregon ZIP 97301
- Location Address 560 21st St. Ste. 180
- City Salem State Oregon ZIP 97301

2. Select the type of hemp business or facility and the services or products provided (please select all that apply):

Processing:	Other:
Extraction <input type="checkbox"/>	Packaging <input checked="" type="checkbox"/>
Usable hemp <input type="checkbox"/>	Storing <input checked="" type="checkbox"/>
Commodities or products for processing into hemp items <input type="checkbox"/>	Drying <input type="checkbox"/>
Hemp seed processed such that it is suitable for human consumption, or otherwise processed into oil <input type="checkbox"/>	
Hemp processed such that it is suitable for use as fiber materials <input type="checkbox"/>	

If you have an intended use that is not listed above and you believe is a handler use, please describe the use:

**SECTION 2: TO BE FILLED OUT BY CITY OR PLANNING OFFICIAL**

3. The facility proposal is located: Inside city limits ☐ Outside UGB ☐ Inside UGB ☐

4. Name of city or county that has land use jurisdiction: \_\_\_\_\_  
(Jurisdiction means the legal entity that is responsible for land use decisions for the subject property)

5. The business or facility complies with all applicable local land use requirements: Yes ☐ No ☐

5A. List all local reviews or approvals that were required of the applicant before the LUCS consistency was determined. (This does not include past requirements that do not relate to the pending ODA license request).

5B. If no, identify reasons for noncompliance or list requirements that the applicant must comply with before LUCS consistency can be determined.

5C. Is local government currently processing remaining requirements to attain LUCS consistency?  
Yes ☐ No ☐

6. Planning official reviewer's telephone number: \_\_\_\_\_

Signature of Planning Official

Print name

Title

Date

(Depending upon city/county agreement on jurisdiction outside city limits but within UGB)

**ATTENTION: A LUCS approval cannot be accepted by ODA until the following:**

- All local requirements have been met.
- Written findings of fact for all local decisions addressed under 5 through 5B must be attached to the LUCS.
- Question 5: The business or facility complies with all applicable local land use requirements is marked Yes.