

**APPLICATION FOR A LICENSE
AS AN
AMMONIUMNITRATEFERTILIZERRETAILER
for the period ending**

For Office Use Only

Licensing Unit
10B Airline Drive
Albany, New York 12235
Phone No. (518) 453-8130
www.agriculture.ny.gov

Pursuant to Article 10 of the Agriculture
and Markets Law

Estab No.: _____ License No.: _____ Date Received: _____ Fee Received \$ _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> M.O Receipt No. _____ Reviewed: _____ Approved: _____

**REGISTRATION FEE
\$50.00**

Fee Exempt if currently registered as a
Commercial Fertilizer Distributor.

Enter License Number Here:

Make check or money order payable to the
Commissioner of NYS Agriculture and Markets

Mailing address and/or business information.

Business Name DBA Address City, State Zip

EXPIRES: May 12, 2016

1a. Name (If business type is individual, must be person's name)		1b. Phone No. () Fax No. ()	
1c. Business Name (if different from above)		1d. E-Mail	
2. Business Location Address		City	State Zip Code
3. Business Mailing Address (if different from above)		City	State Zip Code
4. Emergency Contact Person who is responsible for Ammonium Nitrate record keeping and security.			
Name: _____		Date Of Birth: _____	
Business Relationship: _____		Day Phone: _____	
Home Address: _____		Night Phone: _____	
Email: _____		Cell Phone: _____	
5a. Check Business Type:		5b. State Incorporated and Date	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC)		_____ 5c. Federal ID # or SS # (if individual)* _____ 5d. If no SSN or FEIN please indicate reason:	
6. Tonnage Report Contact Person			
Name: _____		Phone Number: _____	
Email: _____		SSN# if Individual: _____	

7. Individual Owners, Members of Partnership, Officers of Corporation, Cooperative or Members of LLC must answer the following.
Attach list if necessary:

INDIVIDUAL OWNERS, MEMBERS OF PARTNERSHIP OR OFFICERS OF A CORPORATION:			
Name and Title (Attach list if necessary)	Date of Birth	Home Address	Phone Number

8. Are you a foreign or out of state individual, partnership or corporation? Yes No

By checking the box above, a foreign or out of state individual, partnership or corporation consents to personal jurisdiction in the courts of New York State in any action which may be brought by the New York State Department of Agriculture and Markets for matters relating to the requested license. The applicant also agrees to accept service of process in any such action by service of a summons and/or complaint by first class mail to the designated individual at the said address below which shall constitute good and proper service of process.

Designated individual _____ At Address _____

9. Have you or an officer, director or any stockholder exercising any position of management or control been convicted of a felony and/or misdemeanor in any court of the U.S. or any state or territory? Yes No If yes, please explain:

10. Are you currently licensed as a Commercial Fertilizer Distributor? Yes No

If yes, enter License # here: _____

11. Do you have any facilities in New York? Yes No

If yes, provide the Address and Phone Number of each Ammonium Nitrate and Regulated Ammonium Nitrate Material Distribution and/or Storage Facility in the State of New York. (Licensee is to inform the Director of Plant Industry of additional distribution points established during the period of the license.) If more space is needed, attach list.

Check Type-(DIST) Distribution, (ST) Bulk Storage

DIST	ST	

12. List the Brand and Product name of all Ammonium Nitrate and Regulated Ammonium Nitrate Material Fertilizer Distributed in the State of New York. If more space is needed, please attach a list.

Brand and Product Name	Estimated Annual Distributions in Tons

I (We) agree to permit free entry and free access to licensed premises, buildings, and offices to the Commissioner and his agents in pursuance of the manufacture, storage, distribution, and/or sale as an Ammonium Nitrate Fertilizer Material Retailer subject to the Commissioner's jurisdiction. Yes No

"I understand that the statements made in this application will be accepted for all purposes as the equivalent of an Affidavit and that any false statements made herein, in addition to being the possible basis for a revocation of any license issued as a result of this application, may be punishable as a misdemeanor under the provisions of Section 210.45 of the Penal Law of the State of New York."

Individual, Firm or Corporate Name (See Note)		Date
Signature of Person Executing		Title

NOTE: (a) If applicant is an individual doing business under his own name, he must sign on signature line; (b) if co-partnership is an assumed name, firm name must be given and one member must sign individually on signature line; (c) if corporation, corporate name must be given in full, with an authorized officer's signature on signature line and title on title line.

*The authority to request the information contained in this document is found in Section 16 of the Agriculture and Markets Law and the specific section or sections of that Law which relate to the license, permit, certificate, approval, registration or permission which you seek. The principal purpose for which this information is collected is to enable the Department of Agriculture and Markets to determine whether or not to issue the requested license, permit, certificate, approval, registration or permission. This information will be used by the Department of Agriculture and Markets for the purpose of evaluating your application and enforcing and administering the Agriculture and Markets Law.

Disclosure of your federal social security and federal employer identification numbers by you is mandatory and is authorized by Section 5 of the Tax Law. The principal purpose for which this information is collected is to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance for administering the Tax Law and for any other purpose authorized by the Tax Law.

Should you fail to provide all the requested information and a signature, your application will not be processed.



BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

EST NO: _____

**One Time Credit Card Payment Authorization Form
DO NOT FAX THIS FORM**

Sign and complete this form to authorize the NYS Department of Agriculture and Markets to make a one time debit to your credit card listed below. Please mail to the address below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I, _____, authorize the NYS Department of Agriculture and Markets to charge my credit card account indicated below for \$ _____. This payment is for a:

AMMONIUM NITRATE FERTILIZER LICENSE

Billing Address _____

Phone No _____

City _____

State _____ Zip _____

Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	FOR OFFICE USE ONLY
Cardholder Name _____	Estab No. _____
Account Number _____	License No. _____
Expiration Date _____	Receipt No. _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____	Validation No. _____

SIGNATURE _____ DATE _____

I authorize the NYS Department of Agriculture and Markets to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for an Ammonium Nitrate Retailer license, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card.

