



Agriculture and Markets

ANDREW M. CUOMO
Governor

RICHARD A. BALL
Commissioner

Farm Products Dealer License Renewal Application

Dear Licensee:

Enclosed is the Farm Product Dealer License renewal application and instructions for the period of May 1, 2020 through April 30, 2021. Your completed application and payment of the Agricultural Producers Security Fund fee are required to be filed with the New York State Department of Agriculture and Markets.

Please complete and return the enclosed application with payment of the Agricultural Producers Security Fund Fee, by **April 15, 2020**, to the following address:

Farm Products Dealer License Administrator
Division of Agricultural Development
NYS Department of Agriculture of Markets
10B Airline Drive
Albany, NY 12235

If you no longer meet the requirements for this license application, please complete and return the enclosed Non-Dealer Declaration Form.

If you have any questions, please call (518) 485-7306.

Best regards,

William Shattuck
Manager, Agricultural Producers Security Program

Instructions for Completing the Application

1. Complete the application ONLY if your annual purchase volume exceeds \$20,000 from New York producers. If your annual purchases/dealing of farm products from New York producers do not exceed \$20,000, or you will not be purchasing or dealing in New York farm products, or if you buy farm products only for sale at retail to the ultimate consumer (does not include sales to industrial, institutional, commercial or agricultural users), complete and return the enclosed Non-Dealer Declaration.
2. Please complete all questions and sign at the end. Applications must be received by April 15, 2020. **Incomplete applications** will be returned.
3. Failure to renew may result in possible assessment of penalties or other enforcement action.

Written Payment Agreements

The law authorizes the use of written payment agreements if the dealer wishes to make payment to a producer more than 30 days after the product is sold by the producer and delivered to the dealer, or other person as the purchaser may designate, provided that in no event shall such period exceed 120 days from said date of delivery.

Please note, the length of your written agreement will increase your security requirement obligation because extended payment agreements increase the Security Fund's exposure in the case of a default of payment. For example, if your calculated security requirement based on 30 days is \$50,000 and you have a written payment agreement extending payment terms from 30 days to 120 days, the amount would be four times the 30 days amount of \$50,000 or \$200,000. If payment terms are 60 days, the amount would be twice the 30 days amount of \$50,000 or \$100,000.

Security Requirement: Bond or Letters of Credit

All applicants must file a bond or letter of credit in an amount determined by the Department unless they are notified by the Department that they are not required to do so. Applicants with a continual bond on file do not need to take any further action unless notified of an increase in the amount required.

Applicants with an Irrevocable Letter of Credit are required to file an original using the enclosed form in the same amount as the current license period unless notified of an increase in the amount of required security (the security amount is located on the front left-hand side of the application under security type). Please note that riders and/or amendments will not be accepted. Letter of credit forms other than the one enclosed are subject to approval by the Commissioner. After your renewal application is received and reviewed, you may be notified of an increase in security. Once approved, the letter of credit will provide continuous security to the applicant under the program until the specified expiration (see form for details). For further information on the Agricultural Producers Security Program, please check the Department's website at www.agriculture.ny.gov/programs/apsf.html .

If you have any questions or need assistance, please feel free to contact us at (518) 485-7306.



Agriculture and Markets

ANDREW M. CUOMO
Governor

RICHARD A. BALL
Commissioner

Non-Dealer Declaration Form

- _____ My annual purchases or dealings of farm products grown by New York producers that are sold wholesale to agricultural, commercial, industrial and institutional users will not exceed \$20,000.
- _____ My purchases or dealings from New York producers are only for sale at retail to the ultimate consumer.
- _____ Effective May 1, 2020, I will not be purchasing or dealing in New York farm product (includes Commission Merchant, Broker and Processor).

Name of Licensee (print)

Authorized Person and Title(print)

Date

Signature

Name and address of succeeding business (if applicable)

Return this portion OR the completed application to the Department by April 15, 2020.

**RENEWAL APPLICATION FOR FARM
PRODUCTS DEALER LICENSE**

New York State Department of
Agriculture and Markets For the
license period May 1, 2020 to
April 30, 2021

5 KINDER FARM, LLC
Timothy Moore
197 N MAIN STREET
NAPLES NY 14512

Current License Expires: April 30, 2020

For Office Use Only	
Lic. No.:	_____
Renewal No.:	_____
Date Received:	_____
Fee Received: \$	Receipt No.:
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check
	<input type="checkbox"/> Money Order
Reviewed: _____	Approved: _____

- INSTRUCTIONS**
- Read instructions first to ensure you are subject to the license and the application is completed properly.
 - Complete this application only if your annual purchase volume exceeds \$20,000 from New York producers.
 - Applications must be submitted 15 days before the expiration of your current license.
 - Complete all questions. Incomplete applications will be returned.
 - Make check or money order payable to "Department of Agriculture and Markets" and mail to the address at the end of the form

(1) Legal Business Name (Sole Proprietor, Partnership, Corporation, Cooperative, LLC)	(1a) Phone No. ()	(1b) Fax No. ()	
(1c) Doing Business As (d/b/a):	(1d) E-Mail:		
(1e) Principal Place of Business: Street:	City	State	Zip Code
(2) Mailing Address if different from above: Street:	City	State	Zip Code
(3) Federal ID Number:	(3a) Bank Name:		

(4) Business Type: Sole Proprietor Partnership Corporation Cooperative LLC

(4a) Please list sole proprietor and all officers of a corporation or cooperative. If applicant is a partnership or LLC, list partners/members (attach list if necessary). If applicant is a non-public corporation, list shareholders (attach list if necessary):

Name (Please Print)	Title	Address (Street & No., City, State, Zip)

(5) State incorporated? _____

(5a) Is the applicant a foreign or out-of-state sole proprietor, partnership or corporation? Yes No
If yes, provide date of filing in New York State _____

(5b) If out-of-state, the applicant agrees to accept service of process by first class mail to the designated individual at this address which shall constitute good and proper service of process. Designated: _____ Address: _____

(6) Please list the names, addresses and telephone numbers for any branch locations, separate processing plants or agents where farm products are received or purchased from New York State producers (attach list if necessary): _____

(7) Is the applicant a grape processor? Yes No

(8) Is the applicant a New York producer that grows farm products? Yes No

(9) List all specific farm products that you deal in from New York producers _____

(10) What is the applicant's **dollar volume** of farm product purchases (or dealings as a broker) **from New York producers**?
 a. Last Calendar Year (2019) \$ _____ b. Largest Month _____ c. Largest Month Amt \$ _____
 d. Expected This Year (2020) \$ _____ e. Largest Month _____ f. Largest Month Amt \$ _____

(11) If you are a broker, are you responsible for paying New York producers? Yes No
 If yes, what percentage of your annual dollar volume of dealings with NY producers reported in question 10a are you responsible for making payment on? _____%. If no, attach a list of those who are responsible for payment including name, address and phone number.

(12) Does the applicant sell farm products at **retail directly to consumers**? (See instructions on retail exclusion) Yes No
 If yes, what percentage of the total annual dollar volume reported in question 10a is sold at retail? _____%

Agricultural Producers Security Fund Fee - Use the annual dollar volume reported in question 10a together with the table below to determine the Producers Security Fund Fee due and enter that amount on line 13.

AGRICULTURAL PRODUCERS SECURITY FUND FEE TABLE

Annual Volume	Fee
\$5,000,000 - and over.....	\$2,500
3,000,000 - 4,999,999.....	1,750
1,000,000 - 2,999,999.....	1,000
500,000 - 999,999.....	750
300,000 - 499,999.....	500
50,000 - 299,999.....	300
20,000 - 49,999.....	200
0 - 19,999.....	0

(13) Agricultural Producers Security Fund Fee \$ _____

MAKE CHECK PAYABLE TO:
NYS Department of Agriculture and Markets

(14) Select payment terms or methods used for farm products producers:
 COD 15 Days Payment within 30 Days 45 Days 60 Days 90 Days 120 Days Other _____

(15) Is the applicant in violation (i.e. past due) of the payment terms listed in question 14? Yes No
 If yes, please provide the producer's name, address, telephone number and the amount owed (attach list if necessary): _____

(16) If the applicant deals in livestock, is applicant registered and bonded under USDA Grain Inspection, Packers and Stockyards Administration (GIPSA or P&S)? Yes No N/A

(17) Financial information provided as of (date): _____. All applicants must complete this section. If any amounts are zero, enter zero on the line. Applicants who report more than \$1 million in annual purchases (questions 10a or 10d), must also submit their most recent audited Financial Statements, including the Balance Sheet, Income & Expense Statement and Statement of Cash Flows.

Total Current Assets: \$ _____ Total Current Liabilities: \$ _____
 Total Assets: \$ _____ Total Equity: \$ _____

The following must be submitted together and sent to:
 NYS Department of Agriculture and Markets
 Division of Agricultural Development
 10b Airline Drive
 Albany, NY 12235

- Signed and dated application (Please review to ensure all questions have been answered). **Incomplete applications will be returned.**
- Payment to cover the Agricultural Producers Security Fund Fee.

If you have any questions about this application or payment, please call (518) 485-7306

The authority to request the information contained in this document is found in Section 16 of the NYS Agriculture and Markets Law and the specific section or sections of that Law which relate to the license which you seek. **Your application for license is subject to denial and/or revocation if, after a hearing, it is determined that this applicant, licensee, officer, director, partner or share/stockholder, has been convicted of, or has pled guilty to, a felony in any court of the United States or any State or territory thereof, with respect to an offense involving, Article 20 of New York State Agriculture and Markets Law.**

"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."

Print _____ Signature _____ Title _____ Date _____



Agriculture and Markets

ANDREW M. CUOMO
Governor

RICHARD A. BALL
Commissioner

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize the NYS Department of Agriculture and Markets to make a onetime 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:

FARM PRODUCTS DEALER 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 Cardholder Name _____ Account Number _____ Expiration Date _____ CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX) _____	FOR OFFICE USE ONLY License No. _____ Receipt No. _____ 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 a Farm Products Dealer 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.
