



**RICHARD A. BALL**  
Commissioner

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

Amendment Application Fee: \$100

**NYS Hemp Licensing Program  
Hemp Grower Amendment Application**

Please include with this application all required fees and maps. Incomplete applications will be denied.

**1. Business Information.**  No Change  Addition  Replacement

Business Name: _____	Authorization: _____
Federal EIN: _____	Phone: _____
Address: _____	
City: _____	State: _____ Zip: _____ County: _____
Email: _____	

**Mailing address (if different from above):**  No Change  Addition  Replacement  Removal

Address: _____			
City: _____	State: _____	Zip: _____	County: _____

**2. Contact Information.**

<b>Primary Contact:</b> <input type="checkbox"/> No Change <input type="checkbox"/> Addition <input type="checkbox"/> Replacement	
Title: _____	Phone: _____
Full Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____ County: _____
Email: _____	
<b>Optional Secondary Contact:</b> <input type="checkbox"/> No Change <input type="checkbox"/> Addition <input type="checkbox"/> Replacement <input type="checkbox"/> Removal	
Title: _____	Phone: _____
Full Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____ County: _____
Email: _____	

**3. Business Focus.**  No Change  Addition  Replacement  Removal

<b>Check all that apply</b>	<b>Additional Fees:</b>
<input type="checkbox"/> Fiber.....	
<input type="checkbox"/> Grain/food products (ex: hempseed oil).....	
<input type="checkbox"/> Microgreens.....	
<input type="checkbox"/> Replication/sale of seed*.....	<b>\$100</b>
<input type="checkbox"/> Nursery Growing (e.g. transplants)*.....	<b>\$100</b>
<input type="checkbox"/> CBD Hemp Growing.....	
<input type="checkbox"/> Research (cannot sell under this license).....	
<input type="checkbox"/> Other: _____	
<i>The Department does not license CBD processing/manufacturing/retail sales.**</i>	

\*Selling hemp seeds or transplants requires an additional license. Complete and attach the separate application(s) and include the additional application fee(s) upon submission.

[\(Hemp Seed Retail License | Nursery Grower License\)](#)

\*\*Cannabinoid (CBD) processing, manufacturing, and retail licenses are issued by the Office of Cannabis Management.

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**4. Locations.** (attach [Additional Locations](#) as necessary)

Each indoor and outdoor location must be registered separately even if located at the same address.

**Submit with this application maps displaying site boundaries, roads, and access points for each separate growing/storage site.**

<p><b>Site 1:</b>    <input type="checkbox"/> No Change    <input type="checkbox"/> Addition    <input type="checkbox"/> Removal</p> <p>Outdoor: _____ acres                      <u>OR</u>                      Indoor: _____ square feet</p> <p>Site Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ County: _____</p> <p><i>Please provide the GPS coordinates from the center of the field/building in decimal format:</i>  <i>Example: 42.734537, -73.817688</i></p> <p>Latitude: _____ Longitude: _____</p> <p>I confirm that I have control over this property through:  <input type="checkbox"/> Ownership    <input type="checkbox"/> Lease agreement</p>
<p><b>Site 2:</b>    <input type="checkbox"/> No Change    <input type="checkbox"/> Addition    <input type="checkbox"/> Removal</p> <p>Outdoor: _____ acres                      <u>OR</u>                      Indoor: _____ square feet</p> <p>Site Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ County: _____</p> <p><i>Please provide the GPS coordinates from the center of the field/building in decimal format:</i>  <i>Example: 42.734537, -73.817688</i></p> <p>Latitude: _____ Longitude: _____</p> <p>I confirm that I have control over this property through:  <input type="checkbox"/> Ownership    <input type="checkbox"/> Lease agreement</p>

**5. Seed Source and Varieties.** (attach additional sheets as necessary)

No Change     Addition     Replacement     Removal

<p><b>Primary Seed Source:</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Varieties: _____</p> <p><b>Optional Secondary Seed Source:</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Varieties: _____</p>
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*By signing below, I attest that the applicant possesses adequate facilities, equipment, and security measures to grow, cultivate, and process hemp in connection with its growing and cultivation as required by Agriculture and Markets Law Article 29 §509.6. 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.*

<p>Name (Print): _____ Date: _____</p> <p>Signature: _____</p> <p>Business Name: _____</p>
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