



Agriculture and Markets

FOR OFFICE USE ONLY	
Date Received: _____	Fee: _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> M.O. Receipt	
Reference #: _____	
Reviewed by: _____	Approved: _____

Non-refundable Amendment Fee: \$100

**NYS Hemp Licensing Program
Hemp Seed Retail 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: _____
 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.

Primary Contact: No Change Addition Replacement
 Title: _____ Phone: _____
 Full Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Email: _____

Optional Secondary Contact: No Change Addition Replacement Removal
 Title: _____ Phone: _____
 Full Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Email: _____

3. Business Focus. No Change Addition Replacement Removal

Will the applicant be importing hemp seed into New York State in order to sell the seed?
 YES NO

Will the applicant be growing hemp in New York State in order to sell the seed?*
 YES NO

*The Department does not license CBD processing/manufacturing/retail sales.***

*Growing hemp requires an additional license. Complete and attach the separate application and include the additional application fee upon submission.
([Hemp 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.

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

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

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

No Change Addition Replacement Removal

Primary Seed Source:	
Name: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Varieties: _____	
Optional Secondary Seed Source:	
Name: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Varieties: _____	

By signing below, I attest that the applicant possesses adequate facilities, equipment, and security measures to store and sell hemp seed 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.

Name (Print): _____	Date: _____
Signature: _____	
Business Name: _____	