



RICHARD A. BALL
Commissioner

February 12, 2024

**Re: Agricultural Producers Security Program
Article 20 - Farm Products Dealer License - Renewal Application**

Dear Licensee:

Enclosed is the Farm Products Dealer License Program (FPDL) renewal application and instructions for the license period of **May 1, 2024 - April 30, 2025**. 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 (Department).

Please complete and return the enclosed application with payment of the Agricultural Producers Security Fund Fee, by **April 15, 2024**, to the following address:

NYS Department of Agriculture and Markets
Division of Agricultural Development, FPDL
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) 457-7076 or email FPDL@agriculture.ny.gov.

Best Regards,

A handwritten signature in black ink, appearing to read "J. Boyer".

Jacqueline F. Boyer, MPH
Agricultural Producers Security Fund Administrator

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 Form***.
2. Please complete all questions and sign at the end. Applications must be received by **April 15, 2024**. **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 or letter of credit on file do not need to take any further action unless notified of an increase in the amount required.

Please note, while bonds may be issued with indefinite/continuous coverage, applicants are only allowed to file letters of credit with continuous coverage up to 5 years. Applicants opting to utilize a letter of credit must have it issued for at least a 2-year term, to ensure purchases are covered for at least one year after the current license period. Letters of credit must also be renewed one year prior to expiration to ensure no lapse in coverage in the following year. New letters of credit should be issued in the same amount as the previous coverage period unless notified of an increase to the amount of required security. See Department's website via the link below for updated security forms.

Please note that riders and/or amendments will not be accepted. Letter of credit forms other than the one provided via the below link 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 bond or 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, and to print security forms for submission, please check the Department's website via the following link:

<https://agriculture.ny.gov/licenses/farm-products-dealer-licensing>

FARM PRODUCTS DEALER LICENSE PROGRAM LICENSE RENEWAL APPLICATION FORM

License Period: May 1, 2024 - April 30, 2025

Instructions:

- Read instructions on previous pages 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 address at the end of the form.

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|--|--|----------------------------------|--------|---|
| (1) Legal Business Name: | | (1a) Phone Number: ()) | | |
| | | (1b) Fax Number: ()) | | |
| (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 ___ LLP | | | | |
| (4a) Please list sole proprietor and all officers of a corporation or cooperative. If applicant is a partnership, LLC, or LLP, 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, Street #, City, State, Zip): |
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| | | | | |
| (5) State Incorporated and Date: | | | | |
| (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: | | | | |
| (6) Has the business, applicant or any partner, officer, director or shareholder (if non-public corporation) been convicted of, or pleaded guilty to, a felony in any court in the United States? ___Yes ___No If yes, you are required to attach a Certificate of Conviction. | | | | |
| (7) 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): | | | | |
| | | | | |
| (8) Is the applicant a grape processor: ___Yes ___No | | | | |
| (9) Is the applicant a New York producer that grows farm products: ___Yes ___No | | | | |
| (10) List all specific farm products that you deal in from New York producers: | | | | |
| | | | | |

FARM PRODUCTS DEALER LICENSE PROGRAM LICENSE RENEWAL APPLICATION FORM

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|--|--|-----------------------------|
| (11) What is the applicant's dollar volume of farm product purchases (or dealings as a broker) from New York producers ? | | |
| a. Last Calendar Year (2023): \$ | b. Largest Month (2023): | c. Largest Month (2023): \$ |
| d. Expected This Year (2024): \$ | e. Largest Month (2024): | f. Largest Month (2024): \$ |
| (12) If you are a broker, are you responsible for paying New York producers: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, what percentage of your annual dollar volume of dealings with NY producers reported in question 11a 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. | | |
| (13) Does the applicant sell farm products at retail directly to consumers ? (See instructions on retail exclusion): <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, what percentage of the total annual dollar volume reported in question 11a is sold at retail? ____% | | |
| Agricultural Producers Security Fund Fee: use the annual dollar volume reported in question 11a (Last Calendar Year Dollar Volume) together with the table to the right to determine the Producers Security Fund Fee due and enter that amount here: Agricultural Producers Security Fund Fee: \$ _____ MAKE CHECK PAYABLE TO: Department of Agriculture and Markets | <u>AGRICULTURAL PRODUCERS SECURITY FUND FEE TABLE</u> | |
| | <u>Annual Volume</u> | <u>Fee</u> |
| | \$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 - \$49,000 | \$200 |
| | \$0 - \$19,999 | \$0 |
| (14) Select payment terms or methods used for farm products producers: <input type="checkbox"/> COD <input type="checkbox"/> 15 Days <input type="checkbox"/> Payment within 30 Days <input type="checkbox"/> 45 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 120 Days Other: _____ | | |
| (15) Is the applicant in violation (i.e. past due) of the payment terms listed in question 14? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 11a or 11d), must also submit their most recent audited Financial Statements, including the Balance Sheet, Income & Expense Statement and Statement of Cash Flows. | | |
| a. Total Current Assets: \$ | b. Total Current Liabilities: \$ | |
| c. Total Assets: \$ | d. Total Equity: \$ | |

Submit complete applications and payment together to:

NYS Department of Agriculture and Markets
 Division of Agricultural Development, FPDL
 10b Airline Drive
 Albany, NY 12235

If you have any questions about this application or payment, email FPDL@agriculture.ny.gov

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 2120.45 of the Penal Law of the State of New York"

| | | | |
|---|------------|--------|-------|
| Print: | Signature: | Title: | Date: |
| OFFICE USE ONLY: License No.: _____ Date App Rec'd: _____ Reviewed: _____ Approved: _____ | | | |
| Fee Rec'd: \$ _____ Receipt No: _____ Circle Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Money Order | | | |

FARM PRODUCTS DEALER LICENSE PROGRAM

ONE TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

Dealer's Business Name: _____

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 this form to: NYS Department of Agriculture and Markets, Division of Agricultural Development, 10B Airline Drive, Albany, NY 12235.

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 Number: | |
| City: | State: | Zip Code: | |
| Email: | | | |

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| Account Type: <u> </u> Visa <u> </u> MasterCard <u> </u> AMEX <u> </u> Discover | FOR OFFICE USE ONLY |
| Cardholder Name: | |
| Account Number: | |
| Expiration Date: | |
| CVV2 (3-digit number on back of Visa/MC, 4-digits on front of AMEX): | |
| | License Number: |
| | Receipt Number: |
| | Validation Number: |

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| 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 use of this credit card.

FARM PRODUCTS DEALER LICENSE PROGRAM NON-DEALER DECLARATION FORM

Instructions:

Complete and return this form if, during the license period **May 1, 2024 – April 30, 2025**, your annual purchases/dealing of farm products from New York producers will 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 (excluding sales to industrial, institutional, commercial, or agricultural users).

Select from one of the following options:

- 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, 2024, I will not be purchasing or dealing in New York farm products (includes Commission Merchant, Broker, and Processor).

| | |
|--|--|
| Name of Licensee (print): | |
| Authorized Person and Title (print): | |
| Signature: | |
| Date: | |
| Name and Address of Succeeding Business (if applicable): | |

Due Date: April 15, 2024

Return completed form to:

NYS Department of Agriculture and Markets
 Division of Agricultural Development, FPDL
 10B Airline Drive
 Albany, NY 12235