



**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Fee: \_\_\_\_\_  
 Credit Card  Check  M.O. Receipt  
 Reference #: \_\_\_\_\_  
 Reviewed by: \_\_\_\_\_ Approved: \_\_\_\_\_

**Non-refundable Amendment Fee: \$100**

**NYS Hemp Licensing Program  
Hemp Grower Amendment Application (Major Changes)**

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

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

Business Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Federal EIN: \_\_\_\_\_ *\*New EINs require a new application\** 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  Update  
 Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Optional Secondary Contact:**  No Change  Addition  Replacement  Removal  Update  
 Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

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

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

\*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](#).

NYS Hemp Licensing Program  
Hemp Grower Major Amendment Application

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 <input type="checkbox"/> Update* <small>Provide updated GPS coordinates</small></p> <p>Outdoor: _____ acres <b>OR</b> Indoor: _____ square feet</p> <p>Site Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ County: _____</p> <p><b>Please provide the GPS coordinates from the center of the field/building in decimal format:</b>  Example: 42.734537, -73.817688</p> <p>Latitude: _____ Longitude: _____</p> <p>I confirm that I have control over this property through:</p> <p><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 <input type="checkbox"/> Update* <small>Provide updated GPS coordinates</small></p> <p>Outdoor: _____ acres <b>OR</b> Indoor: _____ square feet</p> <p>Site Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ County: _____</p> <p><b>Please provide the GPS coordinates from the center of the field/building in decimal format:</b>  Example: 42.734537, -73.817688</p> <p>Latitude: _____ Longitude: _____</p> <p>I confirm that I have control over this property through:</p> <p><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: _____ <small>Must be a handwritten signature. A digital signature will not be accepted.</small></p> <p>Business Name: _____</p>
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