



RICHARD A. BALL
Commissioner

FOR OFFICE USE ONLY

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

Amendment Fee: \$0

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

Please include with this application all required documents. Incomplete applications will be denied.

1. Business Information. No Change Replacement

Business Name: _____ License No.: _____
Changing a business name requires a Major Amendment 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 Update **Adding or replacing a [key participant](#) requires a Major Amendment Application**
 Title: _____ Phone: _____
 Full Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Email: _____

Optional Secondary Contact: No Change Update Removal
 Title: _____ Phone: _____
 Full Name: _____
 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](#).

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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>Site 1: <input type="checkbox"/> No Change <input type="checkbox"/> Removal <i>*Adding or updating a registered location requires a Major Amendment Application*</i></p> <p>Outdoor: _____ acres OR Indoor: _____ square feet</p> <p>Site Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ County: _____</p> <p>Please provide the GPS coordinates from the center of the field/building in decimal format: 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>Site 2: <input type="checkbox"/> No Change <input type="checkbox"/> Removal <i>*Adding or updating a registered location requires a Major Amendment Application*</i></p> <p>Outdoor: _____ acres OR Indoor: _____ square feet</p> <p>Site Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ County: _____</p> <p>Please provide the GPS coordinates from the center of the field/building in decimal format: 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>Primary Seed Source:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Varieties: _____</p> <p>Optional Secondary Seed Source:</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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