



**RICHARD A. BALL**  
Commissioner

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: _____

This application is for a 3-year growing license.  
**Non-refundable** Application Fee: \$500

**NYS Hemp Licensing Program  
Hemp Grower Application**

Please review the [Program Guidance Document](#) and the [Application Guidance Document](#) before completing this form.  
Please include with this application all required fees, maps, and background check(s). Incomplete applications will be denied.

**1. Business Information.**

**New Application**    **Renewal**

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

**Mailing address (if different from above):**

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

**2. Contact Information.**

<b>Primary Contact:</b>	
Title: _____	Phone: _____
Full Name: _____	Date of Birth: _____
Address: _____	
City: _____ State: _____ Zip: _____	County: _____
Email: _____	
<b>Optional Secondary Contact:</b>	
Title: _____	Phone: _____
Full Name: _____	Date of Birth: _____
Address: _____	
City: _____ State: _____ Zip: _____	County: _____
Email: _____	

**3. Business Focus.**

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 hemp seeds* .....	<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: _____	

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

**4. Experience**

<b>Did the applicant participate in the NYS Industrial Hemp Pilot Program between 2016-2021?</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If yes, provide the state-issued authorization number.</i>
HEMP-G- _____
<b>Does the applicant currently hold a valid Nursery Grower License from the Department?</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If yes, provide the state-issued license number.</i>
License No. _____

\*Selling hemp seeds or transplants requires a separate 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](#).

**5. 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.**

<b>Site 1:</b>	
Outdoor: _____ acres	<b>OR</b>
Indoor: _____ square feet	
Site Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____ County: _____
<i>Please provide the <a href="#">GPS coordinates</a> from the center of the field/building in decimal format:</i>	
<i>Example: 42.734537, -73.817688</i>	
Latitude: _____	Longitude: _____
<b>I confirm that I have control over this property through:</b>	
<input type="checkbox"/> Ownership	<input type="checkbox"/> Lease agreement

  

<b>Site 2:</b>	
Outdoor: _____ acres	<b>OR</b>
Indoor: _____ square feet	
Site Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____ County: _____
<i>Please provide the <a href="#">GPS coordinates</a> from the center of the field/building in decimal format:</i>	
<i>Example: 42.734537, -73.817688</i>	
Latitude: _____	Longitude: _____
<b>I confirm that I have control over this property through:</b>	
<input type="checkbox"/> Ownership	<input type="checkbox"/> Lease agreement

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

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Varieties: _____

**7. Criminal History.**

Submit with this application [FBI Identity History Summaries](#) for all [key participants](#) as required and defined in 1 NYCRR §159.2

<p><b>Has the person responsible for management of hemp or any officer, director, stockholder, or person with executive managerial control over the entity seeking a license been convicted of a drug-related felony in any court of the U.S. or any state or territory in the past 10 years?</b></p> <p style="text-align: right;"><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p><i>If yes, please explain:</i></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.***

Name (Print): _____	Date: _____
Signature: _____	<i>Must be a handwritten signature. A digital signature will not be accepted.</i>
Business Name: _____	