



**FOR OFFICE USE ONLY**

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

This application is for a 3-year seed retail license.  
**Non-refundable** Application Fee: \$100

**NYS Hemp Licensing Program  
Hemp Seed Retail 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: \_\_\_\_\_  
 Federal EIN: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**2. Contact Information.**

**Primary Contact:**  
 Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Optional Secondary Contact:**  
 Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Email: \_\_\_\_\_

**3. Business Focus.**

**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.\*\**

**4. Experience**

**Did the applicant participate in the NYS Industrial Hemp Pilot Program between 2016-2021?**  
 YES     NO  
*If yes, provide the state-issued authorization number.*  
 HEMP-G-\_\_\_\_\_

**Does the applicant currently hold a valid Hemp Grower License from the Department?**  
 YES     NO  
*If yes, provide the state-issued authorization number.*  
 \_\_\_\_\_

\*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](#).

**5. Locations.** (attach [Additional Locations](#) as necessary)

Locations where hemp seed will be sold/stored for sale 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 seed retail/storage site.**

<b>Site 1:</b>	
Indoor: _____ square feet	
Site Name: _____	
Address: _____	
City: _____ State: _____ Zip: _____ County: _____	
<b>Please provide the <a href="#">GPS coordinates</a> from the center of the field/building in decimal format:</b>	
<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>	
Indoor: _____ square feet	
Site Name: _____	
Address: _____	
City: _____ State: _____ Zip: _____ County: _____	
<b>Please provide the <a href="#">GPS coordinates</a> from the center of the field/building in decimal format:</b>	
<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.

<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 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: _____	<small>Must be a handwritten signature. A digital signature will not be accepted.</small>
Business Name: _____	