PI-69 (Rev. 10/26)

FOR OFFICE USE ONLY

Receipt No. _____ Rcpt. No._____

Entity. No. _____ App No. _____

File No. _____ License No: _____

Est No. _____ Fee _____

New York State
Department of Agriculture and Markets
Division of Plant Industry
10B Airline Drive
Albany, New York 12235

APPLICATION FOR REGISTRATION AND CERTIFICATION AS A PLANT GROWER

INSTRUCTIONS

Complete application in full.

An incomplete application will be returned.

Make checks payable to "The Department of Agriculture and Markets".

Sign & date back of application.

Return in enclosed envelope.

FEE:

Main Selling Location: $100.00
Additional Selling Locations, Growing Sites and Vehicles – No Fee

The undersigned applies for registration as a nursery grower pursuant to the provisions of Article 14 of the Agriculture and Markets Law.

For a two year registration period.

Location Address:

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County if NYS: _____

E-Mail: _____

Mailing address and/or main business address if different from location address above.

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: (_____) _____

Social Security No. * _____

Federal ID No. * _____

* Reason for not having SS# or Fed. ID# (See Back)

_____

_____

Main Location Only:

PRODUCTION ACREAGE _____ **SQ. FT. OF GLASS / PLASTIC** _____ **OPERATION TYPE** _____ **OPERATION SIZE** _____

PLEASE REFER TO OPERATION CHART BELOW FOR DETERMINING OPERATION TYPE AND SIZE.

OPERATION CHART

OPERATION TYPE - (A-C)		NURSERY SIZE - (1-3)		GREENHOUSE SIZE - (4-6)	
A	Nursery Stock Only	1	10 Acres or Less	4	2,000 Sq. Ft. of Glass or Less
B	Greenhouse Stock Only	2	11 - 100 Acres	5	2,001-20,000 Sq. Ft. of Glass
C	Combined Nursery and Greenhouse	3	101 Acres or More	6	20,001 Sq. Ft. of Glass or More

Do you intend to grow hemp or adult-use cannabis? ❑ Hemp* ❑ Adult-Use Cannabis ❑ Both ❑ Neither

*Cannabis plants which fall below the 0.3% total THC level at maturity may only be sold to entities that hold a valid NYSAGM Hemp Grower License.

Check Only One: ❑ INDIVIDUAL OWNERSHIP ❑ PARTNERSHIP ❑ CORPORATION

INDIVIDUAL OWNERS, MEMBERS OF PARTNERSHIP OR OFFICERS OF A CORPORATION:

Name and Title - Attach list if necessary	Home Address

In what state incorporated? _____ Date of incorporation _____

Foreign or out of state corporation, date of filing in New York _____ and name and address of New York State resident upon whom service of process may be made _____

Have you or an officer, director or any stockholder exercising any position of management or control been convicted of a felony and/or misdemeanor in any court of the U.S. or any state or territory? ❑ No ❑ Yes	If yes, please explain:

THIS APPLICATION REQUIRES A SIGNATURE ON THE BACK TO BE PROCESSED

ADDITIONAL SELLING/GROWING LOCATION INFORMATION

(ONLY indicate locations other than your main Selling location on front)

ATTACH ADDITIONAL SHEET(S) IF NECESSARY

SITE TYPE: SELLING ❑ GROWING ❑ MOBILE (VEHICLE) ❑

OFFICE USE ONLY

Business Name _____ Telephone _____

Location Address _____ City _____

County _____ Zip Code _____

PRODUCTION ACREAGE _____ **SQ. FT. OF GLASS / PLASTIC** _____

OPERATION TYPE _____ **OPERATION SIZE** _____ PLEASE REFER TO **OPERATION CHART** BELOW FOR DETERMINING OPERATION TYPE AND SIZE

SITE TYPE: SELLING ❑ GROWING ❑ MOBILE (VEHICLE) ❑

OFFICE USE ONLY

Business Name _____ Telephone _____

Location Address _____ City _____

County _____ Zip Code _____

PRODUCTION ACREAGE _____ **SQ. FT. OF GLASS / PLASTIC** _____

OPERATION TYPE _____ **OPERATION SIZE** _____ PLEASE REFER TO **OPERATION CHART** BELOW FOR DETERMINING OPERATION TYPE AND SIZE

OPERATION CHART

OPERATION TYPE - (A-C)		NURSERY SIZE - (1-3)		GREENHOUSE SIZE - (4-6)	
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FEE:
MAIN SELLING LOCATION FEE - $ 100.00
***Please submit a $100 check or money order payable to "The Department of Agriculture and Markets".**

I (We) hereby agree to maintain a place of business where nursery stock is grown or exposed for sale or is stored or being transported for sale, in a manner that permits ready inspection by the Department.

I (We) further agree to conform to the laws of the State of New York concerning the handling and movement of nursery stock and to related regulations of the Department.

"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."

Individual, Firm or Corporate Name (See Note Below)	Date
Signature of Person Executing ➡	Title

NOTE: (a) If applicant is individual doing business under his own name, he must sign on signature line; (b) if co-partnership or assumed name, firm name must be given and one member must sign individually on signature line; (c) if corporation, corporate name must be given in full, with an authorized officer's signature on signature line and title on title line.

*The authority to request the information contained in this document is found in Section 16 of the Agriculture and Markets Law and the specific section or sections of that Law which relate to the license, permit, certificate, approval, registration or permission which you seek. The principal purpose for which this information is collected is to enable the Department of Agriculture and Markets to determine whether or not to issue the requested license, permit, certificate, approval, registration or permission. This information will be used by the Department of Agriculture and Markets for the purpose of evaluating your application and enforcing and administering the Agriculture and Markets Law.
Disclosure of your federal social security and federal employer identification numbers by you is mandatory and is authorized by Section 5 of the Tax Law. The principal purpose for which this information is collected is to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance for administering the Tax Law and for any other purpose authorized by the Tax Law.

Should you fail to provide all of the requested information, your application will not be processed.