

NYS Department of
Agriculture and Markets
Licensing Unit
10B Airline Drive
Albany, NY 12235
Phone No. (518) 453-8130
www.agriculture.ny.gov

**APPLICATION FOR
REGISTRATION AND CERTIFICATION
AS A PLANT GROWER
For the period ending:**

Pursuant to Article 14 of the Agriculture
and Markets Law

FOR OFFICE USE ONLY

Estab No.: _____
License No.: _____
Date Received: _____
Fee Received \$ _____
 Credit Card Check M.O
Receipt No. _____
Reviewed: _____ Approved: _____

LICENSE FEE

**Main Selling/Growing Location: \$100.00
Additional Selling/Growing Locations,
Sites And Vehicles - No Fee**

Make check or money order payable to the
Commissioner of NYS Agriculture and Markets

Mailing Address and/or Main Address

Main Location Address

1a. Name (If business type is individual, must be person's name)	1b. Phone No. () Fax No. ()			
1c. Business Name (if different from above)	1d. E-Mail:			
2. Business Location Address (if different from above)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">City</td> <td style="width: 20%;">State</td> <td style="width: 20%;">Zip Code</td> </tr> </table>	City	State	Zip Code
City	State	Zip Code		
3. Business Mailing Address (if different from above)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">City</td> <td style="width: 20%;">State</td> <td style="width: 20%;">Zip Code</td> </tr> </table>	City	State	Zip Code
City	State	Zip Code		
4a. Check Business Type: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC)	4b. State Incorporated and Date 4c. Federal ID or SSN (if individual)* 4d. If no SSN or FEIN please indicate reason : 			

5. Individual Owners, Members of Partnership, Officers of Corporation or Members of LLC must answer the following.
Attach list if necessary:

Name	Title	Home Address

6. Are you a foreign or out of state individual, partnership or corporation? Yes No

By checking the box above, a foreign or out of state individual, partnership or corporation consents to personal jurisdiction in the courts of New York State in any action which may be brought by the New York State Department of Agriculture and Markets for matters relating to the requested license. The applicant also agrees to accept service of process in any such action by service of a summons and/or complaint by first class mail to the designated individual at the said address below which shall constitute good and proper service of process.

Designated Individual _____ At Address _____

7. 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?

Yes No If yes, please explain: _____

8. Enter Operation Information for the Main Location only (Please refer to OPERATION CHART to determine Operation Type and Size).

PRODUCTION ACREAGE _____
OPERATION TYPE _____

SQ. FT. OF GLASS / PLASTIC _____
OPERATION 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

9. Enter Operation Information for each additional Selling/Growing Location Information (ONLY indicate locations other than your main Selling/Growing location listed above. Please refer to **OPERATION CHART** above to determine Operation Type and Size.

Attach additional sheet(s) if necessary):

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

Business Name _____
Location Address _____
County _____
PRODUCTION ACREAGE _____
OPERATION TYPE _____

Telephone _____
City _____
Zip Code _____
SQ. FT. OF GLASS / PLASTIC _____
OPERATION SIZE _____

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

Business Name _____
Location Address _____
County _____
PRODUCTION ACREAGE _____
OPERATION TYPE _____

Telephone _____
City _____
Zip Code _____
SQ. FT. OF GLASS / PLASTIC _____
OPERATION SIZE _____

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) agree to permit free entry and free access to licensed premises, buildings, and offices to the Commissioner and his agents in pursuance of the manufacture, storage, distribution, and/or sale as a Nursery Grower/Dealer subject to the Commissioner's jurisdiction Yes

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 the applicant is an 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 and a signature, your application will not be processed.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP: _____

EST NO: _____

One Time Credit Card Payment Authorization Form
DO NOT FAX THIS FORM

Sign and complete this form to authorize the NYS Department of Agriculture and Markets to make a one-time debit to your credit card listed below. Please mail to the address below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I, _____, authorize the NYS Department of Agriculture and Markets to charge my credit card account indicated below for \$_____. This payment is for a:

NURSERY GROWER REGISTRATION CERTIFICATE

Billing Address _____ Phone No _____

City _____ State _____ Zip _____

Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	FOR OFFICE USE ONLY
Cardholder Name _____	Estab No. _____
Account Number _____	License No. _____
Expiration Date _____	Receipt No. _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____	Validation No. _____

SIGNATURE _____ DATE _____

I authorize the NYS Department of Agriculture and Markets to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for a Nursery Grower registration, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card.