



**APPLICATION FOR A LICENSE TO
DISTRIBUTE
COMMERCIAL FERTILIZER**

For the period ending

Pursuant to Article 10 of the Agriculture and
Markets Law

FOR OFFICE USE ONLY

Estab No: _____
License No: _____
Date Received: _____
Received \$ _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> M.O
Receipt No. _____
Reviewed: _____ Approved: _____

Division of Plant Industry
10B Airline Drive
Albany, New York, 12235
Phone No. (518) 453-8130
www.agriculture.ny.gov

LICENSE FEE

\$150.00

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

1a. Business Name (If business type is individual, must be person's name)		1b. Phone No. () Fax No. ()	
		1c. Email: _____	
2. Business Location Address		City	State Zip Code
3. Business Mailing Address (if different from above)		City	State Zip Code
4. Contact person to receive mailings. Include mailing and or business address if different from above (add additional sheets if necessary)			
Contact Type (select one or more)	Name	Business Name	Address
<input type="checkbox"/> Applications <input type="checkbox"/> Licenses <input type="checkbox"/> Tonnage Reports			
<input type="checkbox"/> Applications <input type="checkbox"/> Licenses <input type="checkbox"/> Tonnage Reports			
5a. Check Business Type:		5b. State Incorporated and Date	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC)		5c. Federal ID # or SS # (if individual)*	
		5d. If no SSN or FEIN please indicate reason:	

6. Individual Owners, Members of Partnership, Officers of Corporation, Cooperative or Members of LLC must complete the following:
(Attach list if necessary):

INDIVIDUAL OWNERS, MEMBERS OF PARTNERSHIP OR OFFICERS OF A CORPORATION:	
<u>Name and Title -</u>	<u>Home Address</u>

THIS APPLICATION REQUIRES A SIGNATURE ON THE BACK TO BE PROCESSED



7. 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 _____

8. 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: _____

9. Do you have any facilities in New York State? Yes No

If yes, provide the Address and Type of Each Manufacturing, Blending, Bulk Storage and/or Distributing Facility in New York State. (Licensee is to inform the Director of Plant Industry of additional distribution points established during the period of the license.) If more space is needed, attach list.

Check Type - (Manf) Manufacturing, (Bld) Blending, (St) Bulk Storage, (Dist) Distributor

Manufacturing	Blending	Bulk Storage	Distributor	Facility Address

10. List the Brand and Product Name of all Commercial Fertilizer Distributed in the State of New York. **Note: A Label must be submitted with this Application for each Product.** If more space is needed, attach list.

Brand/Product	Contains Microorganisms(Yes or No)

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, sale, and use of Commercial Fertilizer subject to the Commissioner's jurisdiction. Yes

"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)	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 is 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 principle 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 principle 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 the requested information and a signature, your application will not be processed.



ANDREW M. CUOMO
Governor

RICHARD A. BALL
Commissioner

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:

COMMERCIAL FERTILIZER DISTRIBUTOR LICENSE

Business Name _____

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 Cardholder Name _____ Account Number _____ Expiration Date _____ CVV2 (3 digit number on back of Visa/MC/DS, 4 digits on front of AMEX) _____	FOR OFFICE USE ONLY Estab No. _____ License No. _____ Receipt No. _____ Validation No. _____
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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 Commercial Fertilizer Distributor license, 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.