



**APPLICATION FOR  
LICENSE TO SELL A BRAND OF  
AGRICULTURAL  
SOIL OR PLANT INOCULANT**

**FOR OFFICE USE ONLY**

Est. No.:	_____
License No.:	_____
Product No.:	_____
Date Approved:	_____
Reviewed:	_____ Approved: _____

Division of Plant Industry  
10B Airline Drive  
Albany, NY 12235  
Phone No. (518) 453-8130  
[www.agriculture.ny.gov](http://www.agriculture.ny.gov)

For the period ending  
\_\_\_\_\_

**No fee for this license**

1a. Business Name (If business type is individual, must be persons 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"/> Applications			
<input type="checkbox"/> Licenses			

5a. Check Business Type:  <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)	5b. State Incorporated and Date
	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 answer the following. Attach list if necessary:

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

Date of Filing with NYS Department of State (if applicable) \_\_\_\_\_

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 \_\_\_\_\_

**THIS APPLICATION REQUIRES A SIGNATURE ON THE BACK TO BE PROCESSED**

Name of Product:

Is the product effective for inoculating legumes?:  Yes  No      If yes, which legume or legumes is so represented?

Is the product intended for some other purpose?

**Guaranteed Analysis-** List name of each ingredient

Active Ingredients	Percentage
_____	%
_____	%
_____	%
<b>Inert Ingredients</b>	
_____	%
_____	%
_____	%

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 distribution, sale and use of soil or plant inoculants 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 Below)	Date
<b>Signature of Person Executing</b>	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 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 of the requested information and a signature, your application will not be processed.**