

FOR OFFICE USE ONLY

Receipt No. _____

Fee _____

Estab. No. _____

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

**APPLICATION TO REGISTER
 AS AN AMMONIUM
 NITRATE FERTILIZER RETAILER**

INSTRUCTIONS

Complete application in full.
 An incomplete application will be returned.
 Make checks payable to "The Department of Agriculture and Markets".
 Return in enclosed envelope.

Mailing address and/or business information.

BUSINESS NAME: _____

ADDRESS: _____

ARE YOU CURRENTLY LICENSED AS A
 COMMERCIAL FERTILIZER DISTRIBUTOR?

YES NO

IF YES, NO FEE IS DUE. ENTER LICENSE
 NUMBER HERE: _____

FOR ALL OTHERS:
REGISTRATION FEE: \$50.00

The undersigned applies to register to sell or offer for sale Ammonium Nitrate, or regulated Ammonium Nitrate materials, pursuant to the provisions of Article 10 of the Agriculture and Markets Law.

➔ IMPORTANT: In the box below, indicate the person who is responsible for Ammonium Nitrate record keeping and security.

EMERGENCY CONTACT PERSON: _____

DATE OF BIRTH: _____

BUSINESS RELATIONSHIP: _____

HOME ADDRESS: _____

DAY PHONE #: _____ NIGHT PHONE#: _____

CELL #: _____ E-MAIL _____

For the registration period ending: _____

Telephone No. _____

Fax No. _____

Social Security No.* _____

Federal ID No.* _____

Reason for not having SS# or Fed. ID# _____

Check whether an Individual Ownership, Partnership or Corporation: INDIVIDUAL OWNERSHIP PARTNERSHIP CORPORATION

INDIVIDUAL OWNERS, MEMBERS OF PARTNERSHIP OR OFFICERS OF A CORPORATION:			
<u>Name and Title – Attach list if necessary</u>	<u>DOB</u>	<u>Home Address</u>	<u>Phone Number</u>

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? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain:
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Provide the Address and Phone Number of Each Ammonium Nitrate and Regulated Ammonium Nitrate Material Distribution and/or Storage Facility in the State of New York. (Licensee is to inform the Director of Plant Industry of additional distribution points or storage facilities established during the period of the license.)

Check Type- (DIST) Distribution, (ST) Bulk Storage

DIST	ST	

If more space is needed, list on attachment

List the Brand and Product Name of all Ammonium Nitrate and Regulated Ammonium Nitrate Material Fertilizer Distributed in the State of New York

Brand and Product Name	Estimated Annual Distribution in Tons

Enclosed is the Registration fee, if required, for sale of Ammonium Nitrate as required by Article 10 of the Agriculture and Markets Law at the foregoing address(es).

I (We) agree to permit free entry and free access to registered premises, buildings, offices and records to the Commissioner and the Director of the State Office of Homeland Security and their agents in pursuance of the manufacture, storage, distribution, sale and use of Ammonium Nitrate and Regulated Ammonium Nitrate Material subject to the Commissioner's jurisdiction.

"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 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.