

## APPLICATION FOR FARM PRODUCTS DEALER LICENSE

New York State Department of Agriculture and Markets

For the license period: May 1, 2016 to April 30, 2017

**INSTRUCTIONS**

- Read instructions first to ensure you are subject to the license and the application is completed properly.
- To speed processing, file your application online at [licensecenter.ny.gov](http://licensecenter.ny.gov).
- Complete this application only if your annual purchase volume exceeds \$10,000 from New York producers.
- Complete all questions. Incomplete applications will be returned.
- Make check or money order payable to "Department of Agriculture and Markets" and mail to the address at the end of the form.

Office Use Only

Est. No.: \_\_\_\_\_  
 Lic. No.: \_\_\_\_\_  
 Renewal No.: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Fee Received: \$ \_\_\_\_\_ Receipt No: \_\_\_\_\_  
 \_\_\_ Credit Card \_\_\_ Check \_\_\_ Money Order  
 Reviewed: \_\_\_\_\_ Approved: \_\_\_\_\_

(1) Legal Business Name (Sole Proprietor, Partnership, Corporation, Cooperative, LLC, LLP)	(1a) Phone No. (    ) _____ (1b) Fax No. (    ) _____
(1c) Doing Business As (d/b/a):	(1d) E-Mail: _____
(1e) Principal Place of Business: Street: _____	City: _____ State: _____ Zip Code: _____
(2) Mailing Address if different from above: Street: _____	City: _____ State: _____ Zip Code: _____
(3) Federal ID Number: <b>OR</b> Social Security Number: _____	(3a) Bank Name: _____

(4) Business Type:    Sole Proprietor    Partnership    Corporation    Cooperative    LLC    LLP

(4a) Please list sole proprietors and all officers of a corporation or cooperative. If applicant is a partnership, LLC or LLP, list partners/members (attach list if necessary). If applicant is a non-public corporation, list shareholders (attach list if necessary).

Name (Please Print)	Title	Home Address (Street & No., City, State, Zip)	Social Security #

(5) State incorporated and date: \_\_\_\_\_

(5a) Is applicant a foreign or out-of-state individual, partnership or corporation? .....  Yes    No  
 If yes, provide date of filing in New York State? \_\_\_\_\_

(5b) If out-of-state, the applicant agrees to accept service of process by first class mail to the designated individual at this address which shall constitute good and proper service of process. Designated: \_\_\_\_\_ Address: \_\_\_\_\_

(6) Has the business, applicant or any partner, officer, director or shareholder (if non-public corporation) been convicted of, or pleaded guilty to, a felony in any court in the United States?    Yes    No                      If yes, you are required to attach a Certificate of Conviction.

(7) Please list the names, addresses and telephone numbers for any branch locations, separate processing plants or agents where farm products are received or purchased from New York State producers (attach list if necessary): \_\_\_\_\_

(8) Is the applicant a grape processor? .....  Yes    No

(9) Is the applicant a New York producer that grows farm products? .....  Yes    No

(10) List all specific farm products that you deal in from New York producers: \_\_\_\_\_

(11) What is the applicant's expected **dollar volume** of farm product purchases (or dealings as a broker) **from New York producers**?

a. Current Calendar Year - \$ \_\_\_\_\_ b. Largest Month \_\_\_\_\_ c. Largest Monthly Amt - \$ \_\_\_\_\_

(12) If you are a broker, are you responsible for paying New York State producers?  Yes  No  
If yes, what percentage of your annual dollar volume of dealings with NY producers reported in question 11a are you responsible for making payment on? \_\_\_\_\_% If no, attach a list of those who are responsible for payment including name, address and phone number.

(13) Does applicant sell farm products at **retail directly to consumers** (See instructions on retail exclusion)?  Yes  No  
If yes, what percentage of the total annual dollar volume reported in question 11 is sold at retail? \_\_\_\_\_%.

**Agricultural Producers Security Fund Fee** – Use the annual dollar volume reported in question 11a together with the table below to determine the Producers Security Fund Fee due and enter that amount on line 14.

**AGRICULTURAL PRODUCERS SECURITY FUND FEE TABLE**

(14) Producers Security Fund Fee \$ \_\_\_\_\_

<u>Annual Volume</u>	<u>Fee</u>
\$5,000,000 - and over	\$1,250
3,000,000 - 4,999,999	\$875
1,000,000 - 2,999,999	\$500
500,000 - 999,999	\$375
300,000 - 499,999	\$250
50,000 - 299,999	\$150
20,000 - 49,999	\$100
10,000 - 19,999	\$50
0 - 9,999	\$0

**Make check payable to:**  
Department of Agriculture and Markets

(15) Select payment terms or methods that are used for farm product producers.

COD  15 Days  Payment within 30 Days  45 Days  60 Days  90 Days  120 Days  Other \_\_\_\_\_

(16) Is applicant in violation (i.e., past due) of the payment terms listed in question 15?  Yes  No  
If yes, please list the producer's name, address, telephone number, and the amount owed (attach list if necessary):  
\_\_\_\_\_

(17) If the applicant deals in livestock, is applicant registered and bonded under USDA Grain Inspection, Packers and Stockyards Administration (GIPSA or P&S)?  Yes  No  N/A

(18) Financial information provided as of (date): \_\_\_\_\_ All applicants must complete this section. If any amounts are zero, enter zero on the line. Applicants who report more than \$1 million in annual purchases (questions 11a or 11d), must also submit their most recent audited Financial Statements, including the Balance Sheet, Income & Expense Statement and Statement of Cash Flows.

Total Current Assets: \$ \_\_\_\_\_ Total Current Liabilities \$ \_\_\_\_\_

Total Assets: \$ \_\_\_\_\_ Total Equity: \$ \_\_\_\_\_

**The following must be submitted together and sent to:**

**NYS Department of Agriculture and Markets  
Division of Agricultural Development  
10B Airline Drive  
Albany, NY 12235**

- Signed and dated application (please review to ensure all questions have been answered). **Incomplete applications will be returned.**
- Payment to cover the Producers Security Fund Fees

**If you have any questions about the information requested, call (518) 453-8130.**

The authority to request the information contained in this document is found in Section 16 of the NYS Agriculture and Markets Law and the specific section or sections of that Law which relate to the license which you seek. "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."

<b>Print:</b>	<b>Signature:</b>	<b>Title:</b>	<b>Date:</b>
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