



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

| | |
|----------------------------|----------------------|
| For Office Use Only | |
| Date Received: | _____ |
| Reviewed: | _____ Approved _____ |

For the period ending

Licensing Unit
10B Airline Drive
Albany, New York 12235
Phone No. (518) 453-8130
www.agriculture.ny.gov

Pursuant to Article 10 of the Agriculture
and Markets Law Under 1 NYCRR section
153.1(c) and (e)

**LICENSE FEE
EXEMPT**

| | | | |
|--|---|--|-------------------|
| 1a. Business 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 |
| Applications <input type="checkbox"/> Licenses | | | |
| 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 | 5c. Federal ID # or SS # (if individual)* | | |
| <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) | 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: | |
| Name and Title - Attach list if necessary | Home Address |
| | |
| | |

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.

| Manf. | Bld. | St. | Dist. | Facility Address |
|-------|------|-----|-------|------------------|
| | | | | |
| | | | | |
| | | | | |

10. List the Brand and Product Name of all Commercial Compost 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 |
|---------------|
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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 Compost 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 of the requested information and a signature, your application will not be processed.