Re: Agricultural Producers Security Program
Article 20 - Farm Products Dealer License

Dear Prospective Dealer:

Thank you for your inquiry to obtain a Farm Products Dealer License to deal in farm products from New York producers required under Article 20 of the Agriculture and Markets Law. If you did not inquire, this letter is being sent because information has been received that you may be subject to the license.

If your annual purchases/dealings of farm products from New York producers do not exceed $20,000 OR you will not be purchasing or dealing in New York farm products OR if you buy farm products only for sale, including sale in a processed form, at retail to the ultimate consumer (sale at retail to the ultimate consumer shall not include sales to industrial, institutional, commercial or agricultural users), you shall not be deemed a dealer for purposes of this article and licensing is not required. If any of these apply, please complete and return the enclosed Non-Dealer Declaration Form.

If subject, please complete and return the enclosed application, together with payment of the Producers Security Fund Fee to: NYS Dept. of Agriculture & Markets, Division of Agricultural Development, 10B Airline Drive, Albany, NY 12235.

Instructions are enclosed to assist you in completing the application. If you have any questions, please call (518) 485-7306.

Best regards,

William Shattuck
Manager, Agricultural Producers Security Program
Instructions for Completing the Application

1. Complete the application ONLY if your annual purchase volume exceeds $20,000 from New York producers. If your annual purchases/dealing of farm products from New York producers do not exceed $20,000, or you will not be purchasing or dealing in New York farm products, or if you buy farm products only for sale at retail to the ultimate consumer (does not include sales to industrial, institutional, commercial or agricultural users), complete and return the bottom portion on page 2 of these instructions.

2. Please complete all questions and return to the address on the bottom of the application. Incomplete applications will be returned.

Written Payment Agreements

The law authorizes the use of written payment agreements if the dealer wishes to make payment to a producer more than 30 days after the product is sold by the producer and delivered to the dealer, or other person as the purchaser may designate, provided that in no event shall such period exceed 120 days from said date of delivery.

Please note, the length of your written agreement will increase your security requirement obligation because extended payment agreements increase the Security Fund’s exposure in the case of a default of payment. For example, if your calculated security requirement based on 30 days is $50,000 and you have a written payment agreement extending payment terms from 30 days to 120 days, the amount would be four times the 30 days amount of $50,000 or $200,000. If payment terms are 60 days, the amount would be twice the 30 days amount of $50,000 or $100,000.

After your application is received and reviewed, you will be notified by the Department of the required security amount. You will have a choice of obtaining a bond through your local insurance carrier or an irrevocable letter of credit through your financial institution.
APPLICATION FOR FARM PRODUCTS DEALER LICENSE
New York State Department of Agriculture and Markets
For the license period: May 1, 2019 to April 30, 2020

INSTRUCTIONS
- Read instructions first to ensure you are subject to the license and the application is completed properly.
- Complete this application only if your annual purchase volume exceeds $20,000 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
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: (1f)
(2) Mailing Address if different from above:
Street: City: State: Zip Code:
(3) Federal ID 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).

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<tr>
<th>Name (Please Print)</th>
<th>Title</th>
<th>Home Address (Street &amp; No., City, State, Zip)</th>
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(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
List all specific farm products that you deal in from New York producers: ________________________________

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

- Current Calendar Year - $ ____________
- Largest Month ____________
- Largest Monthly Amt - $ ____________

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.

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.

Producers Security Fund Fee $ ____________

Make check payable to:
Department of Agriculture and Markets

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 ____________

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):

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

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) 485-7306.

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.”
One Time Credit Card Payment Authorization Form

Dealer’s Business Name: ____________________________

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 this form to: NYS Department of Agriculture & Markets, Division of Agricultural Development, 10B Airline, Albany, NY 12235.

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:

FARM PRODUCTS DEALER LICENSE

Billing Address __________________________________________ Phone No.: ______________________
City __________________________________________ State ________ Zip ____________

Email __________________________________________

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<tr>
<th>Account Type:</th>
<th>□ Visa</th>
<th>□ MasterCard</th>
<th>□ AMEX</th>
<th>□ Discover</th>
<th>FOR OFFICE USE ONLY</th>
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<tr>
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<td>Name</td>
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<td>Estab No.: ________</td>
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<td>Account</td>
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<td>License No: ________</td>
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<tr>
<td>Expiration Date</td>
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<td>Receipt No: ________</td>
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<td>CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX)</td>
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<td>Validation No: ________</td>
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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 Farm Products Dealer 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.
Non-Dealer Declaration

___ My annual purchases or dealings of farm products grown by New York producers that are sold wholesale to agricultural, commercial, industrial and institutional users will not exceed $20,000.

___ My purchases or dealings from New York producers are only for sale at retail to the ultimate consumer. Sale at retail to the ultimate consumer shall not include sales to industrial, institutional, commercial or agricultural users.

___ I will not be purchasing or dealing in New York farm products from May 1, 2019 to April 30, 2020 (includes Commission Merchant, Broker and Processor).

Name of Dealer (print)  Authorized Person and Title (print)

Date  Signature

Name and address of succeeding business (if applicable)

Return this form OR the completed application to following address:

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