



Overview Requirements How to Apply Fee(s) Find Assistance

Adult-Use Conditional Processor License

Adult-Use Conditional Processor License

Overview

Under legislation signed by Governor Kathy Hochul in February 2022, entities who hold a Cannabinoid Hemp Processor license from the Office of Cannabis Management may qualify for an Adult-Use Conditional Processor license. The Adult-Use Conditional Processor license authorizes the license holder to process and manufacture cannabis products (over 0.3% THC) in New York State under the Adult-Use Cannabis Program.

To be eligible for this license, applicants must meet all the requirements below. An applicant must

- 1. Have applied for a Cannabinoid Hemp Processor license before January 1, 202,
- 2. Hold an active Cannabinoid Hemp Processor license issued by the Office of Cannabis Management (OCM).
- 3. Hold at least a 51% or more ownership in the Cannabinoid Hemp Processor license.

Adult-Use Conditional Processors are permitted to conduct processing and manufacturing activities in line with their Cannabinoid Hemp Processor license. For example, a Cannabinoid Hemp Processor – Extracting and Manufacturing licensee would be permitted to perform extraction activities while a Cannabinoid Hemp Processor – Manufacturing Only licensee would only be able to perform manufacturing. A licensed Adult-Use Conditional Processor is also able to distribute their own products until June 1, 2023, after which they must apply for and obtain a distributor license for such authorization.

Adult-Use Conditional Processors must meet and comply with all terms and conditions of the program. Failure to comply with the terms and conditions or any future regulations or guidance issued by the Office of Cannabis Management may result in the revocation of the license. Before applying, all applicants are encouraged to read the Frequently Asked Questions linked to the bottom of this page.

If you have any questions about the Adult-Use Conditional Processor license or have issues applying, please call 1-888-OCM-5151 (1-888-626-5151) or reach out to licensing@ocm.ny.gov for assistance. Please note, that only completed applications with the correct license or permit fee will be reviewed.



Program Contact Information: Telephone: 1-888-OCM-5151 (1-888-626-5151)

E-Mail: licensing@ocm.ny.gov Website: https://cannabis.ny.gov/

Requirements

1.Applicant Primary Contact Information

2.Applicant Business Location

3.Description of The Applicant's Business Plan Including Proposed Cannabis Product Type(S)

4.If the Applicant Is Permitted to Conduct Extraction Activities, the Proposed Extraction Method

5.Workers Compensation Verification

6.Proof of Disability and Paid Family Leave Benefits Insurance

7.Proof of Certificate of Occupancy

8. Proof of Good Manufacturing Practices (GMP) Audit

WAL PURPOSES ONLY 9.Applicant Ownership and Financial Disclosure Information Including Submission of Organizational Structure Documents, Organizational Charts, Capitalization Tables and Ownership Structures, and Disclosures of Any Sources or Proposed Sources of Capital

10.Documentation Proving the Applicant is Licensed to Process Cannabinoid Or "CBD" Hemp By the Office Of Cannabis Management and Applied For Such License Before January 1, 2022

11.Applicant Attestation and Agreement of the Application Terms and Conditions

12. Submission of a Non-Refundable License And Application Fee Of \$2,000



How to Apply

- 1. All applications must be submitted online.
- 2. Sign in or create a NY.gov account.
- 3. After you apply, log in to check your application status.

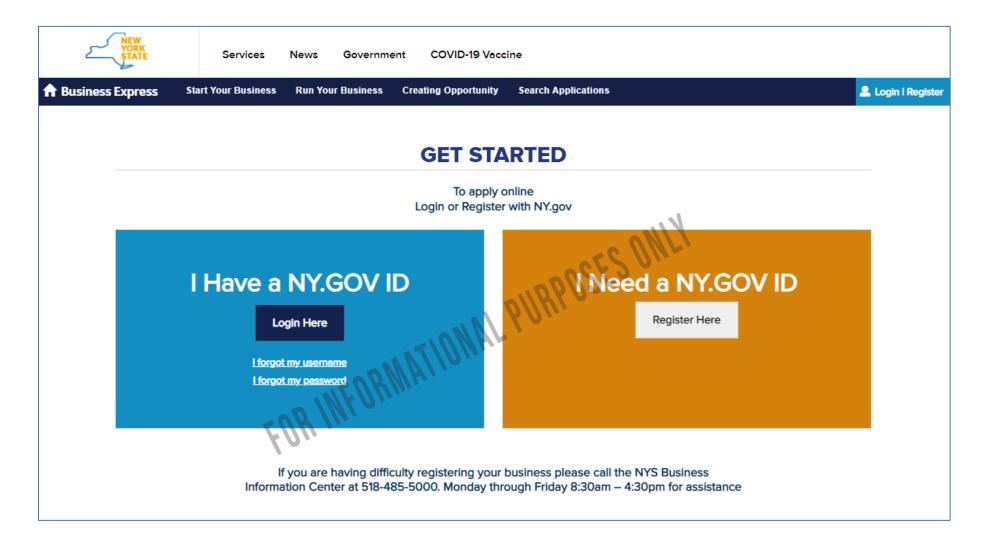
Required Fees

1. All application	1. All applications must be submitted online.				
2. Sign in or cre	2. Sign in or create a NY.gov account.				
3. After you app	3. After you apply, log in to check your application status.				
Apply Online		"" blilli			
		TIONAL TO THE TENTON OF THE TE			
Required Fees	0.0				
TYPE	REFUNDABLE AMOUNT	COMMENTS			
Adult-Use Conditional Processor	No.\\$2000	All license and application fees must be submitted via check to the Office of Cannabis Management at: Attn: Licensing Division, New York State Office of Cannabis Management, P.O. Box 2071, Albany, NY 12220			

For additional information/Sponsor Agency:

Cannabis Management, Office of





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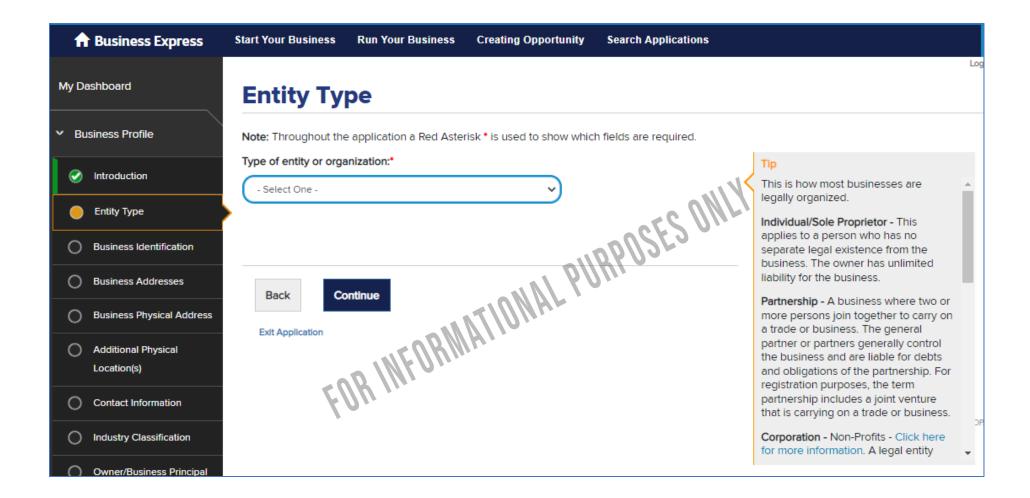
Select the business you are applying for

Please select the business you are applying for from the options listed below. When selecting an existing business, we will use your previously entered Business Profile information to streamline your application process. Updates can be made to the existing profile upon selection. Select "My Business is not listed" if the business for which you are applying is not displayed in the list. For more information on Business Profiles, click here.

Your Businesses (Displaying 2 of 2)

Business Name	Entity Type	
	Trust	\circ
	Individual (Sole Proprietor)	\circ
My business is not listed	-OB INFORMA.	Selected
	Fair	
		Start Application

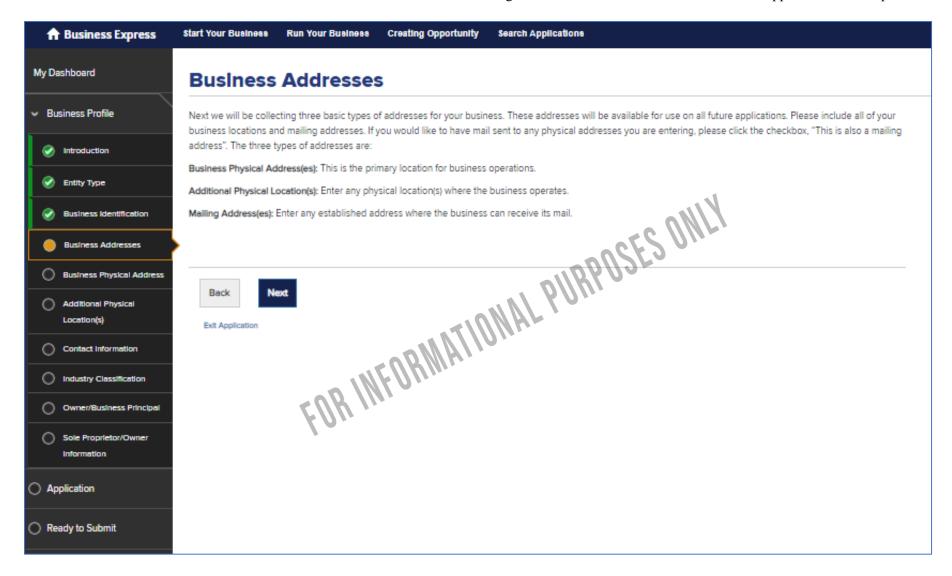


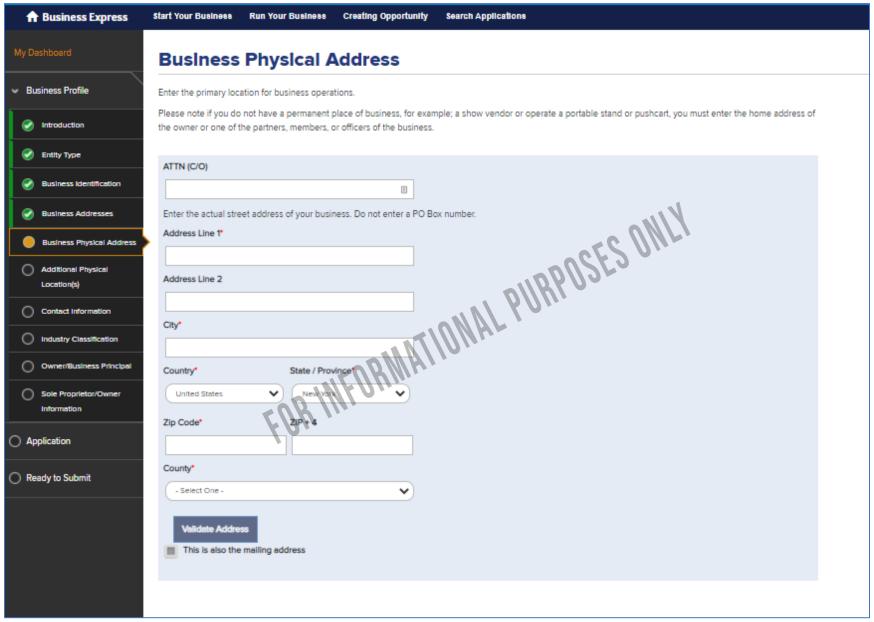




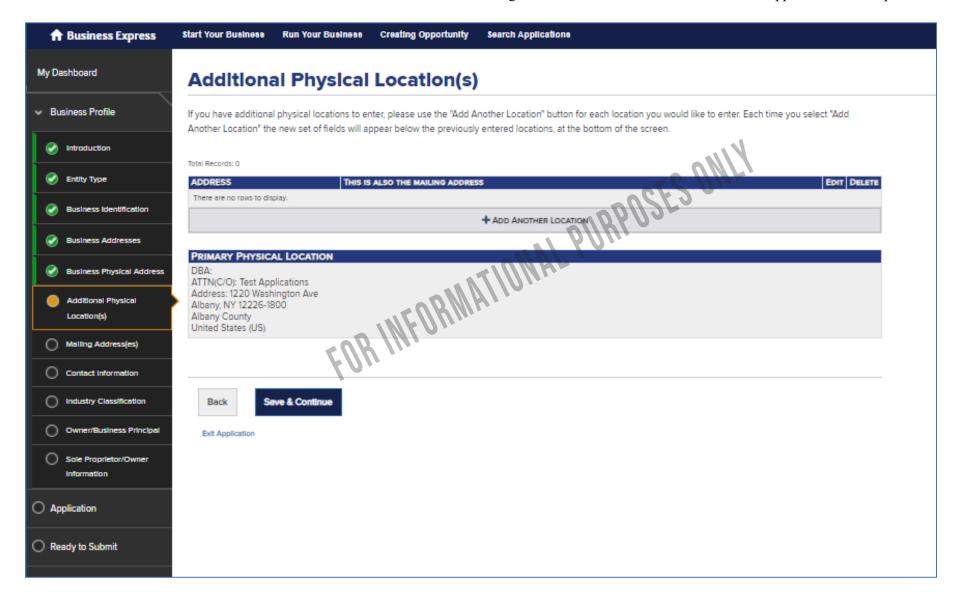
★ Business Express	Start Your Business Run Your Business Creating Opportunity Search Applications			
My Dashboard	Business Identification			
 Business Profile 	Your Legal Name should be same as your First Name, Middle Initial (if you have one), Last Name and suffix. Please enter your Name as it exists on your ID card.			
Introduction	First Name* M.I. Last Name* Suffix			
Entity Type				
Business Identification				
Business Addresses	DBA or trade name (if different from legal name above)			
Business Physical Address	"WD[]2rd			
Additional Physical Location(s)	DBA or trade name (if different from legal name above) Do you have or intend to have employees?* Yes No Enter one of the following IDIS Federal Employer Identification Number (EIN) ss.ssssss Sole proprietors with employees trust obtain a Federal Employer Identification Number (EIN) from the IRS.			
Contact Information				
Industry Classification	Enter one of the following ID's			
Owner/Business Principal	Federal Employer Identification Number (EIN)			
Sole Proprietor/Owner Information	Sole proprietors with employees must obtain a Federal Employer Identification Number (EIN) from the IRS.			
○ Application	Sole Proprietors without employees are still encouraged to obtain an EIN. An EIN is a unique number assigned by the IRS that identifies your business to the IRS and New York State.			
Ready to Submit	Get an EIN here I do not have a Federal Employer Identification Number (EIN)			
	If you do not have an EIN, please enter the owner's Social Security Number below.			
	Sole Proprietor's Social Security Number (SSN)			
	Back Save & Continue Exit Application			



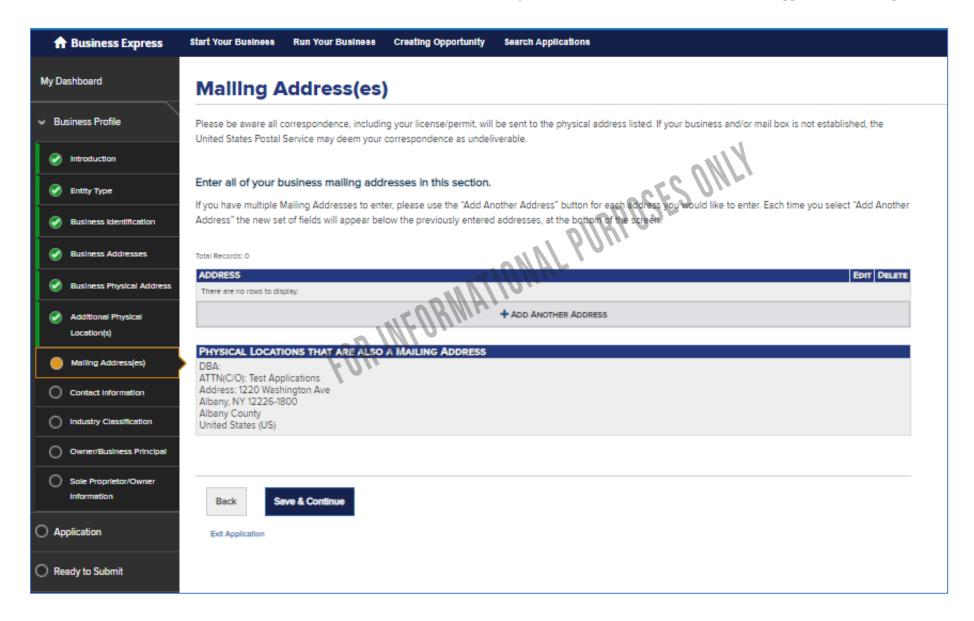




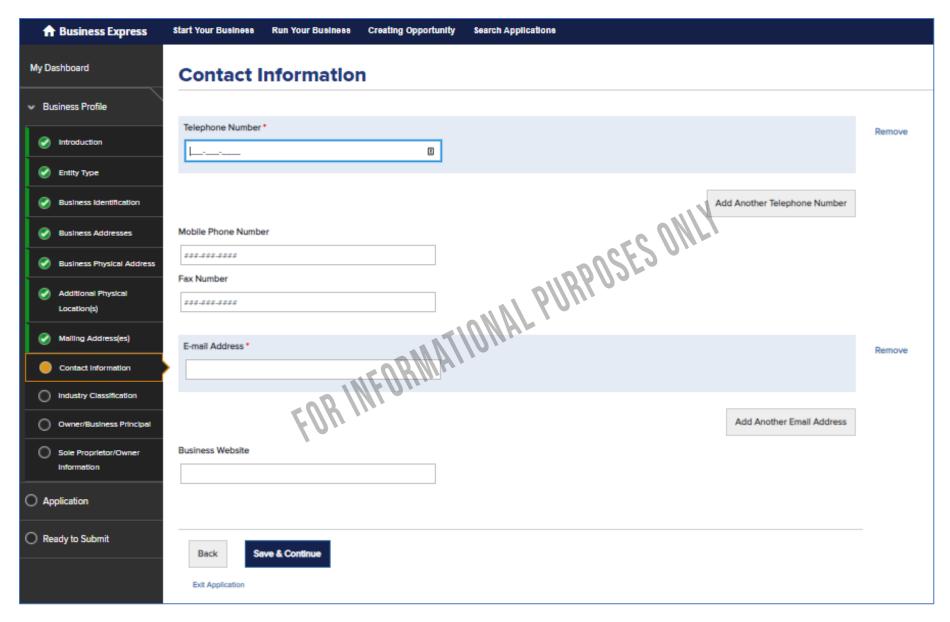




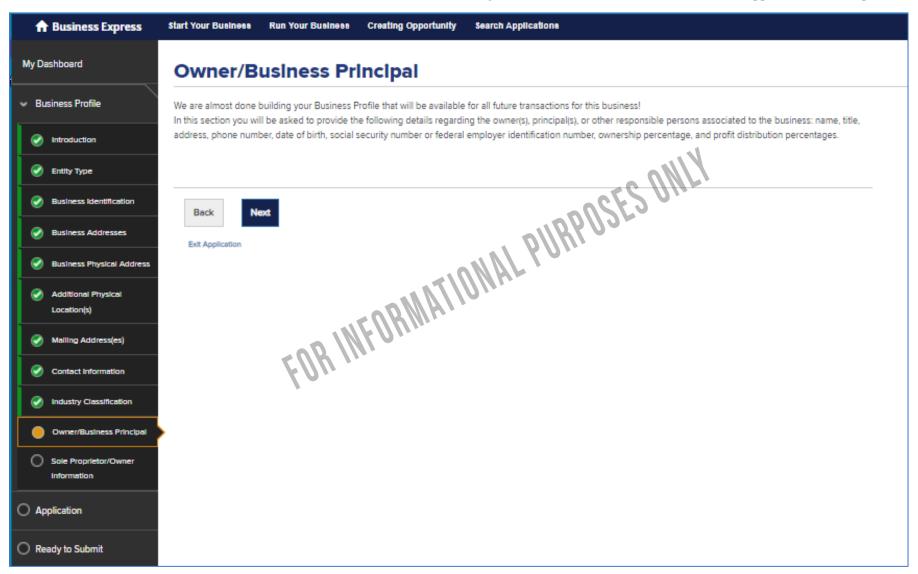




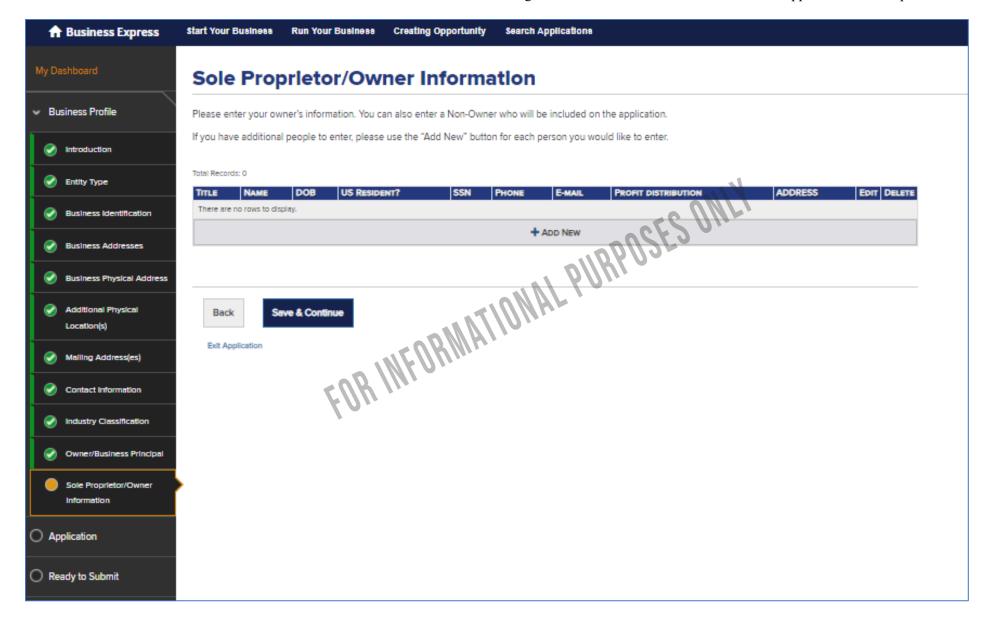




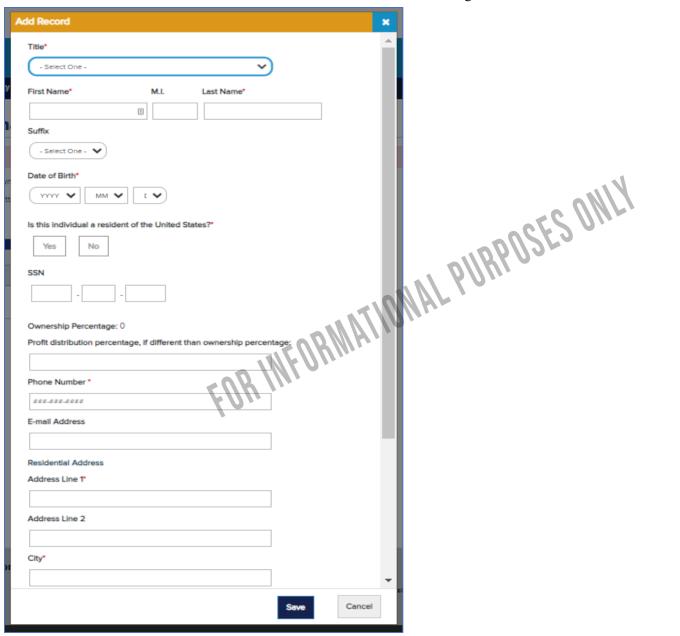




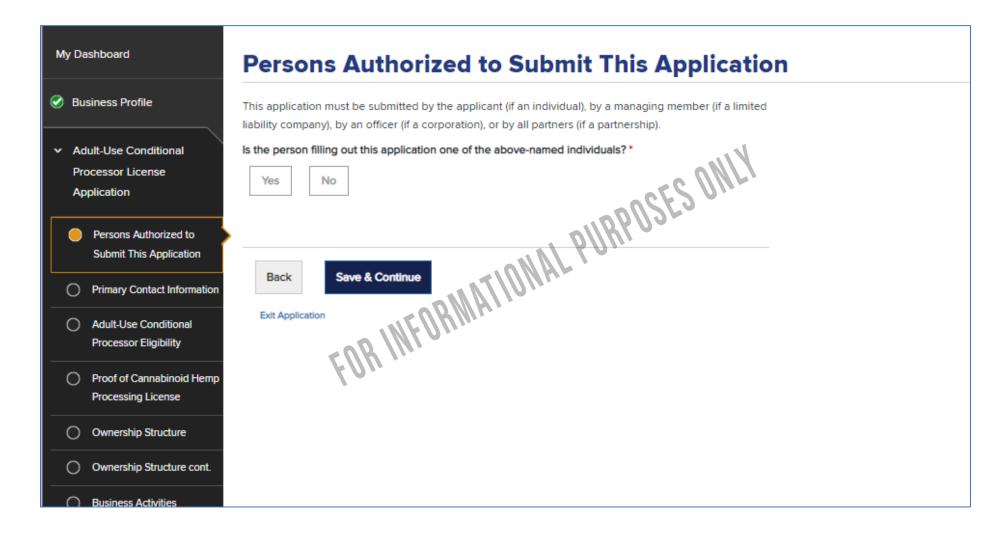


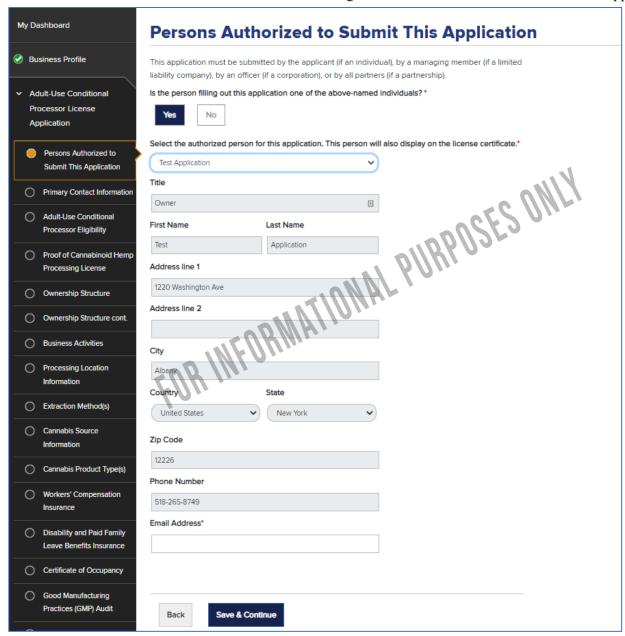














My Dashboard		Primary (Conta	act Informa	ition			
		Select or enter the individual to be the primary person of contact for this application:*						
	$\overline{}$	Test Application			~			
 Adult-Use Condition Processor License 		Title						
Application		Owner			â			
		First Name		Last Name			1111	
Persons Author Submit This Ap		Test		Application		40	ONLY	
Primary Contac		Address line 1				120	20.	
		1220 Washington Ave			01.	1/1/2r		
Adult-Use Cond Processor Eligit		Address line 2		1 0	IIIJ			
Proof of Cannal	binoid Homo			MAL				
Processing Lice		City	77	1111111				
Ownership Stru		Albany	WA	State				
Ownership Stru		Country United States		State New York				
Business Activit		41.		New York				
Processing Local		Zip Code						
Information								
Extraction Meth		Phone Number 518-265-8749						
Cannabis Source		Email Address*						
Cannabis Produ	uct Type(s)							
Workers' Comp	ensation							
Disability and P			ave & Contir	nue				
0 0 00		Exit Application						









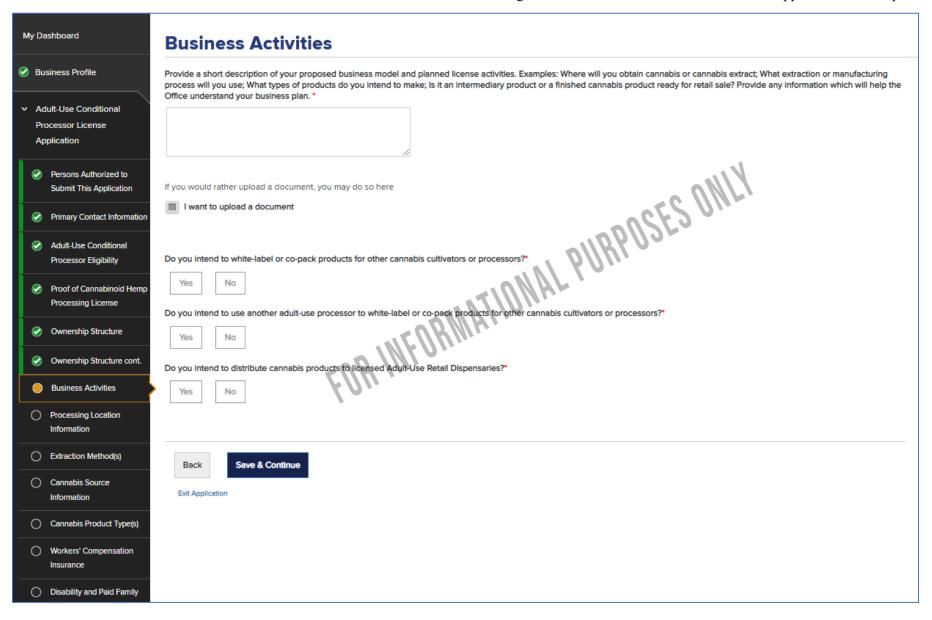




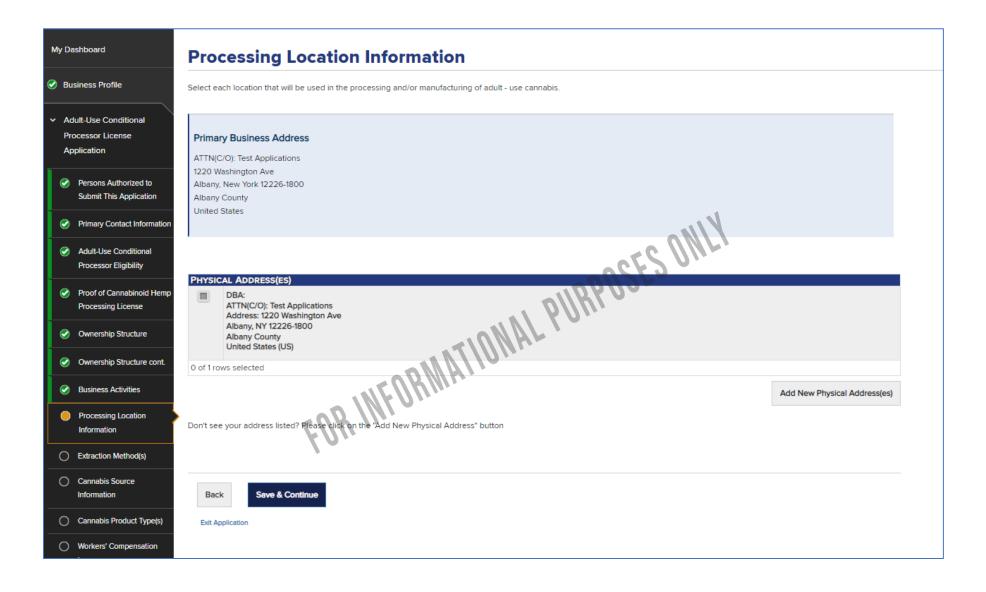


My Dashboard		Ownership Structure cont.
		Is the entity a New York State certified Minority Owned Business, Woman Owned Business, or Minority Woman Owned Business or Service Disabled Veteran Owned Business?*
	-Use Conditional	Yes No
Applic		Upload a copy of the applicant entity's Organizational Chart.
	ersons Authorized to ubmit This Application	Select file to upload:* Choose a File:
⊘ Pri	rimary Contact Information	Upload a copy of the applicant entity's Capitalization Table showing each owner adding up to 100%. Ownership level must go back to an individual.
Ø Ac	dult-Use Conditional	Select file to upload: Choose a File:
_	rocessor Eligibility	Upload a copy of all documents showing all sources of funding, both cash and borrowed, and list all investors associated with the funding related to this application.
	roof of Cannabinoid Hemp	Upload a copy of all documents showing all sources of funding, both cash and borrowed, and list all investors associated with the funding related to this application. Examples of documentation showing funding include, but are not limited to: any and all loan or lending agreements, any relevant bank account statements, or any gift arrangements. Select file to upload: Choose a File: Are there any parent companies, subsideries, affiliates, and/or predecessors of the applicant?* Yes No
Pr	rocessing License	Select file to upload: Choose a File:
⊘ 0	wnership Structure	Are there any parent companies, subsideries, affiliates, and/or predecessors of the applicant?*
<u> </u>	ownership Structure cont.	Yes No
O Bu	usiness Activities	
_	rocessing Location formation	Upload a list of the names of all financial institutions at which the applicant entity (and any predecessor entity) has held an account in the past three years that was used to financially support the applicant or predecessor entity.
○ Ex	xtraction Method(s)	Select file to upload: Choose a File:
_	annabis Source formation	Do any owners have an interest in any other cannabis related licenses in our jurisdiction?*
O Ca	annabis Product Type(s)	Yes No No
_	orkers' Compensation	Does the applicant have any relationship, agreement, or arrangement (personal, business, or otherwise) with any official or any other individuals with control over the approval of an application
_	isability and Paid Family eave Benefits Insurance	or license, including but not limited to employees of the Office of Cannabis Management and members of the Cannabis Control Board?* Yes No
(Ce	ertificate of Occupancy	
_	ood Manufacturing ractices (GMP) Audit	Note: Adult-Use Conditional Processors have a continuing duty to promptly disclose any material changes in the financial or ownership information provided to the office.
○ Tra	rade Secrets	
Ready	y to Submit	Back Save & Continue

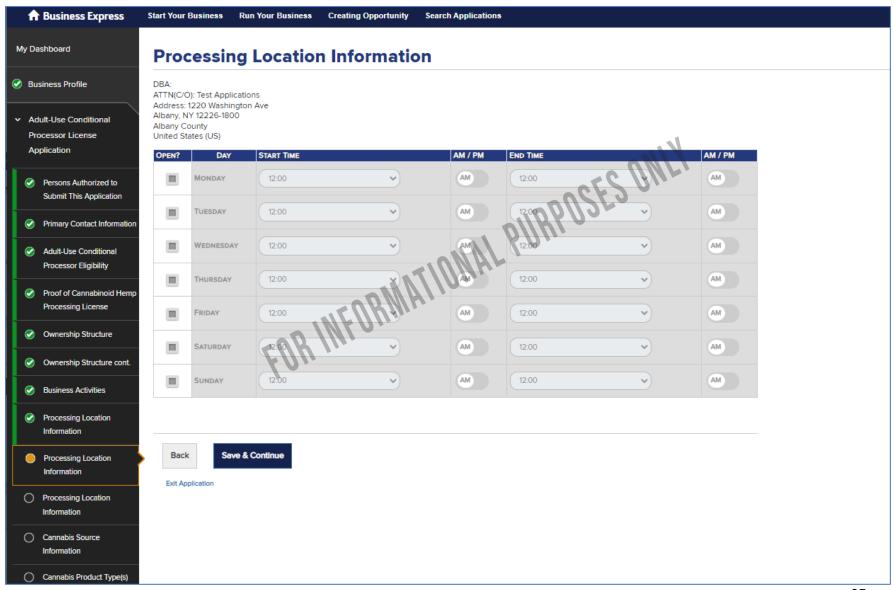




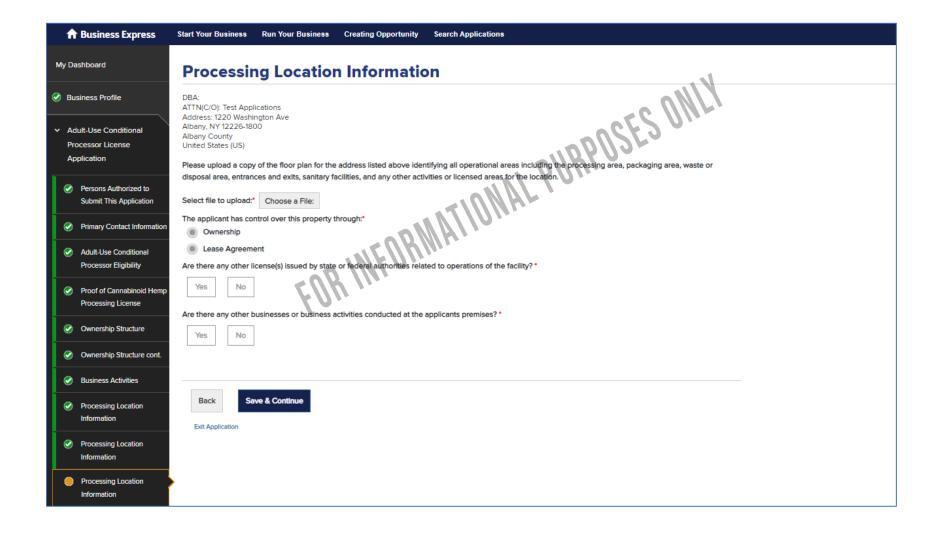




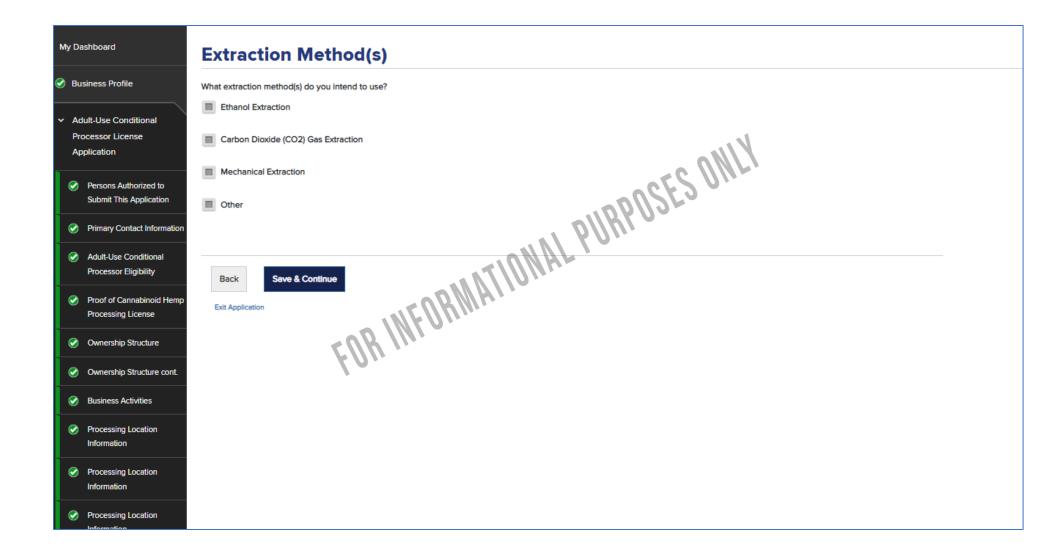








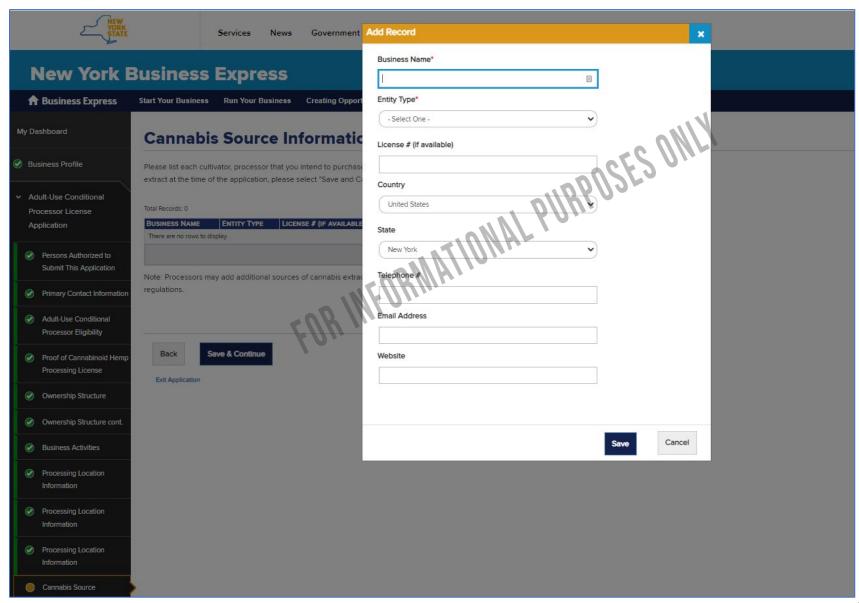




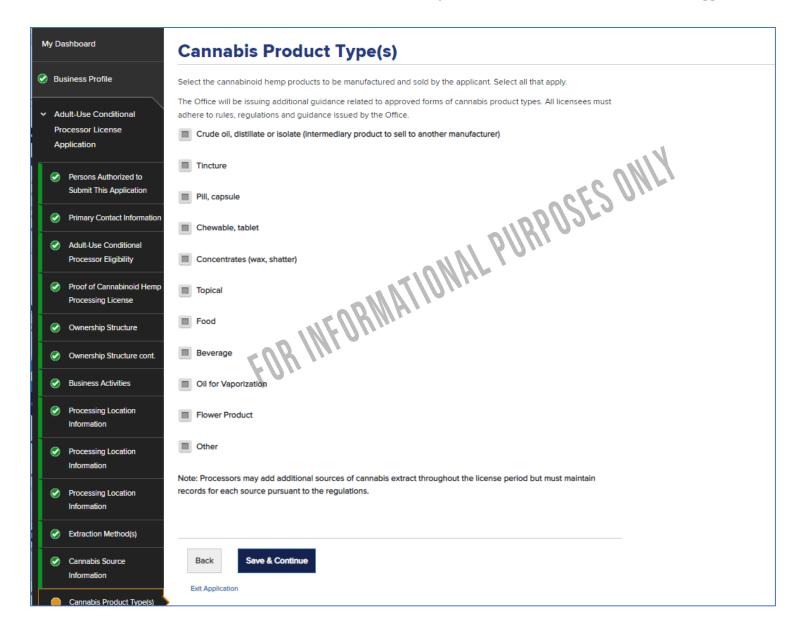




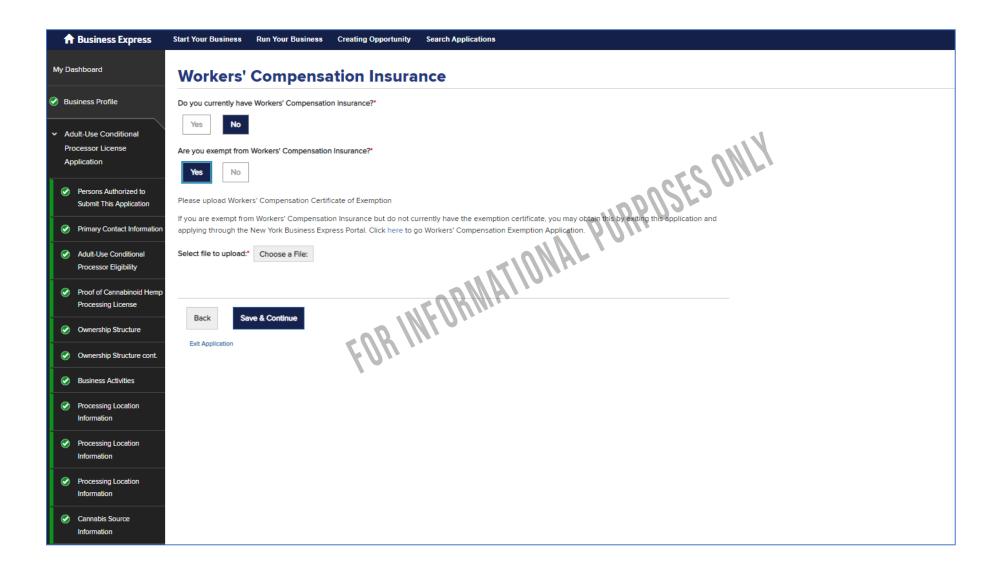




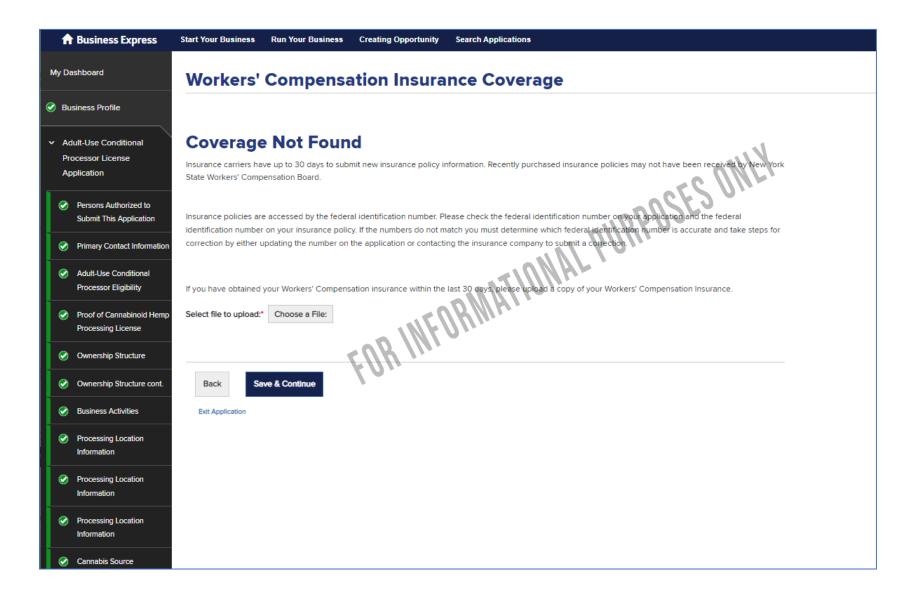












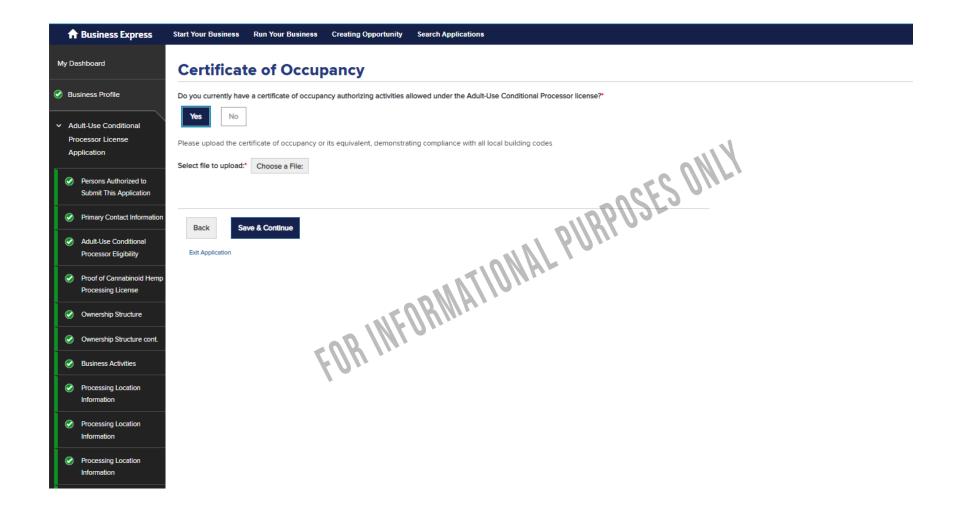




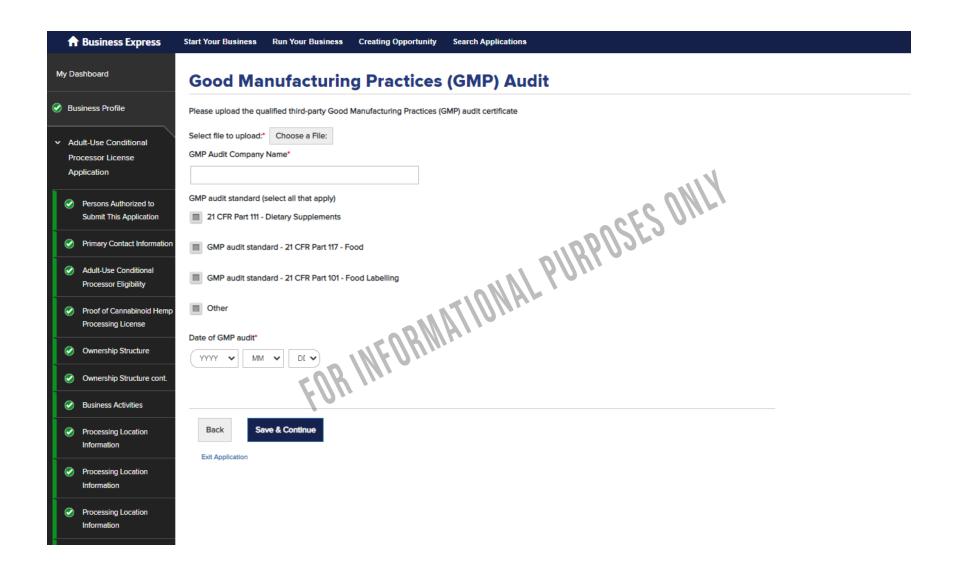


















My Dashboard	Attestation		
Business Profile	The authorized person submitting this application must be the applicant (if the individual), a managing member of the applicant (if a limited liability company), an officer of the applicant (if a corporation), or all partners of the applicant (if a partnership).		
Adult-Use Conditional Processor License Application	The authorized person must initial each attestation below, and must download, sign and upload the signature page attached to the Terms and Conditions, below. If this application is being filed by a partnership, one partner must initial the attestations below but ALL partners must download and sign the		
 Ready to Submit 	signature page attached to the Terms and Conditions and submit a copy with this application. An application for a partnership will not be considered without the signatures of all partners.		
Attestation	Applicant Name:*		
Application Summary			
Payment Instructions	I am the applicant (if an individual), a managing member of the applicant (if a limited liability company), an officer of the applicant (if a corporation), or all partners of the applicant (if a partnership) and I hereby affirm and agree to the following conditions of this license. I acknowledge that any		
Complete	failure to follow these conditions may result in the revocation of the Adult-Use Conditional Processor License and may prevent the entity or any listed owners from being granted any adult-use cannabis license in the future.		
	Initials I hereby verify and affirm under penalties of perjury that all statements made in this here: Initials I hereby verify and affirm under penalties of perjury that all statements made in this here: Initials I hereby verify and affirm under penalties of perjury that all statements made in this here: Initials I hereby verify and affirm under penalties of perjury that all statements made in this application are true, and any document that accompanies, or is provided to supplement, this application that is not an original document is a true copy of the original document. I understand that any false statements made on 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. Initials I verify and affirm under penalties of perjury that the Cannabinoid Hemp Processor entity that is applying for this Adult-Use Conditional Processor License has an ownership interest in 51 percent or more of the entity that will be the Adult-Use Conditional Processor licensee.		
	Initials I verify and affirm that the applicant will comply with all Terms and Conditions of the here.* Adult-Use Conditional Processor License, and all current and future applicable state and local laws, rules, and regulations. I further acknowledge and agree that the New York State Office of Cannabis Management (the Office) may randomly inspect the applicant's premise(s) at any time to ensure that the applicant is complying with the applicable state regulations and may periodically sample, analyze, and test all cannabis and cannabis products at the applicant's premises.		
	Initials Change in ownership: I verify and affirm that the applicant understands and here:* acknowledges that any proposed change in ownership of the applicant after issuance of an Adult-Use Conditional Processor License must be submitted to the Office for review and must receive prior written approval before becoming effective. Changes in ownership structure without approval may result in revocation of the license.		

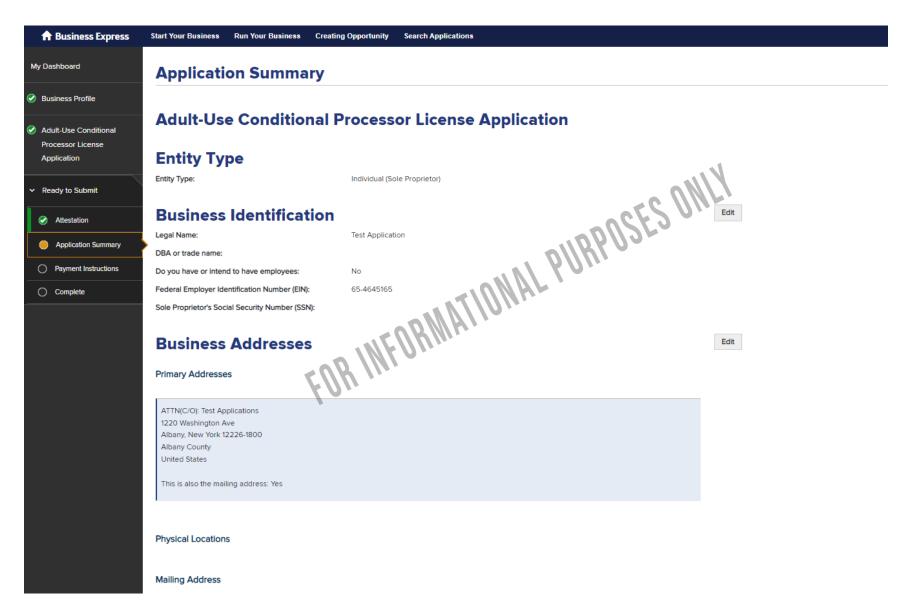


here:*	Reapplication: I verify and affirm that the applicant acknowledges that, in order to continue processing cannabis upon the expiration of the Adult-Use Conditional Processor License, the applicant will need to apply for an Adult-Use Processor license and meet the requirements of that license within a specified time frame as determined by the Office, and that the applicant further acknowledges that such application for an Adult-Use Processor license may require fingerprinting and background checks for persons associated with the applicant for an Adult-Use Processor License.
Initials here:•	Social Equity Mentorship Program: I verify and confirm the Applicant will participate in a social equity mentorship program, pursuant to laws, guidance, rules, or regulations from the Office. Such mentorship program will be directed to train prospective social equity individuals interested in becoming licensed adult-use processors and shall leverage remote and in-person mentees with experience in agricultural business management, sustainable cannabis processors, and best practices. Labor Peace Agreement: I verify and confirm the Applicant will within six months of licensure, enter into a labor peace agreement with a bona-fide labor organization that is actively engaged in representing or attempting to represent the applicant's employees and understand that the maintenance of such labor peace agreement is an ongoing condition of licensure.

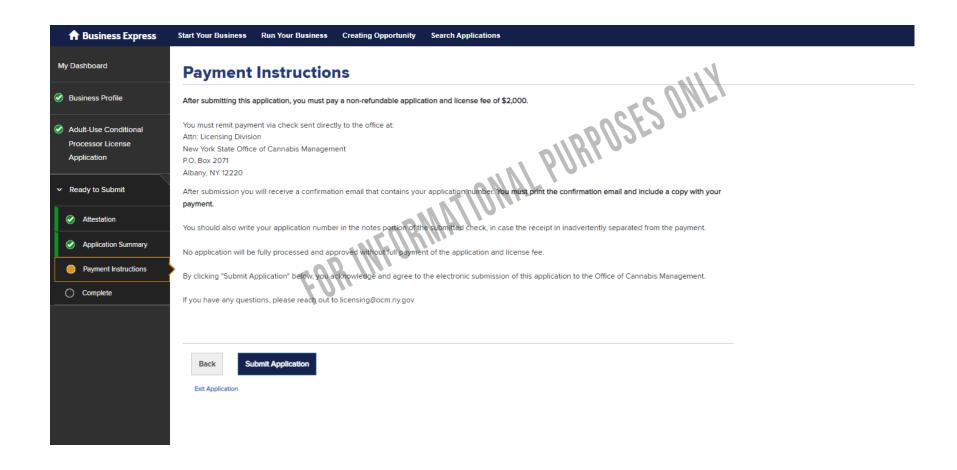


	hild Support Attestation: Every applicant for an adult-use conditional cultivator license
here:* w	ho is an individual or sole proprietor must certify in a written statement under oath, duly
sv	worn and subscribed, that as of the date the application is filed he or she is (or is not)
ur	nder obligation to pay child support and that if he or she is under such an obligation,
th	at he or she does (or does not) meet one of the following requirements:
a.	he or she is not four months or more in arrears in the payment of child support; or
b.	he or she is making payments by income execution or by court agreed payment or
ге	payment plan or by plan agreed to by the parties; or
C.	the child support obligation is the subject of a pending court proceeding; or
d.	the child support obligation is the subject of a pending court proceeding; or he or she is receiving public assistance or supplemental security income. such written statement must be emailed to the Office at licensing@ocm.ny.gov in order or the adult-use conditional cultivator license application to be considered complete. sersons who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support coceeding may be subject to suspension of their license. The intentional submission of
Su	uch written statement must be emailed to the Office at licensing@ocm.ny.gov in order
fo	r the adult-use conditional cultivator license application to be considered complete.
Pe	ersons who are four months or more in arrears in child support or who have failed to
cc	omply with a summons, subpoena or warrant relating to a paternity or child support
pr	oceeding may be subject to suspension of their license. The intentional submission of
fal	Ise written statements for the purpose of frustrating or defeating the lawful
er	nforcement of support obligations is punishable pursuant to section 175.35 of the penal
lav	
Please cl	ick on the link to download, read, and sign a copy of the Terms and Conditions and Guidance for the Adult-Use Processor License.
Once you	u have done so, please upload the signature page here. Please note, if this application is being submitted by a partnership all partners
-	n the signature page.
https://ca	nnabis.ny.gov/licensing
Select file	e to upload: Choose a File:
Back	Save & Continue
Exit Ap	pplication











My Dachboard > Application Confirmation

Application Confirmation

Your Adult-Jee Conditional Processor License Application has been successfully submitted on 06/08/2022 1136 AM. The confirmation details are listed below. You will also receive this information the confirmation in Conf



New York Business Express Confirmation – RECEIPT NUMBER: 20625





Dear

Thank you for doing business in New York.

Your Adult-Use Conditional Processor License Application has been successfully submitted on 06/08/2022 11:36 AM. The confirmation details are listed below.

Entity Name: Test Application

Application ID: OCMAUCP-2022-000009

You can always visit the **Recent Activity** section of your dashboard to check the status of your application(s) and to view or print your application(s)/certificate(s).

Thank you for using the New York Business Express portal.



^{**} This is an automatically generated email. Do not reply to this email. You will not receive a response. **