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New York Business Express

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Cannabis Management, Office of

Adult-Use Conditional Processor License

Adult-Use Conditional Processor License

OVERVIEW

HOW TO APPLY



Overview	<h2>Adult-Use Conditional Processor License</h2> <p>Adult-Use Conditional Processor License</p> <hr/>
Requirements	
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	<h3>Overview</h3> <p>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.</p> <p>To be eligible for this license, applicants must meet all the requirements below. An applicant must:</p> <ol style="list-style-type: none"><li>1. Have applied for a Cannabinoid Hemp Processor license before January 1, 2022.</li><li>2. Hold an active Cannabinoid Hemp Processor license issued by the Office of Cannabis Management (OCM).</li><li>3. Hold at least a 51% or more ownership in the Cannabinoid Hemp Processor license.</li></ol> <p>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.</p> <p>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.</p> <p>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 <a href="mailto:licensing@ocm.ny.gov">licensing@ocm.ny.gov</a> for assistance. Please note, that only completed applications with the correct license or permit fee will be reviewed.</p>



Program Contact Information:  
Telephone: 1-888-OCM-5151 (1-888-626-5151)  
E-Mail: [licensing@ocm.ny.gov](mailto: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
- 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.

[Apply Online](#)


## Required Fees

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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## GET STARTED

To apply online  
Login or Register with NY.gov

### I Have a NY.GOV ID

Login Here

[I forgot my username](#)  
[I forgot my password](#)

### I Need a NY.GOV ID

Register Here

If you are having difficulty registering your business please call the NYS Business Information Center at 518-485-5000. Monday through Friday 8:30am – 4:30pm for assistance



## 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	ID #	
[REDACTED]	Trust	[REDACTED]	<input type="radio"/>
[REDACTED]	Individual (Sole Proprietor)	[REDACTED]	<input type="radio"/>
My business is not listed			<input checked="" type="radio"/> Selected

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Note: Throughout the application a Red Asterisk \* is used to show which fields are required.

Type of entity or organization:\*

- Select One -

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Tip

This is how most businesses are legally organized.

**Individual/Sole Proprietor** - This applies to a person who has no separate legal existence from the business. The owner has unlimited liability for the business.

**Partnership** - A business where two or more persons join together to carry on a trade or business. The general partner or partners generally control the business and are liable for debts and obligations of the partnership. For registration purposes, the term partnership includes a joint venture that is carrying on a trade or business.

**Corporation - Non-Profits** - [Click here for more information.](#) A legal entity



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Business Identification

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.

First Name\* M.I. Last Name\* Suffix

Legal Name\*

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 ID's.

Federal Employer Identification Number (EIN)

Sole proprietors with employees must obtain a Federal Employer Identification Number (EIN) from the IRS.

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.

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)

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Business Addresses

Next we will be collecting three basic types of addresses for your business. These addresses will be available for use on all future applications. Please include all of your business locations and mailing addresses. If you would like to have mail sent to any physical addresses you are entering, please click the checkbox, "This is also a mailing address". The three types of addresses are:

Business Physical Address(es): This is the primary location for business operations.

Additional Physical Location(s): Enter any physical location(s) where the business operates.

Mailing Address(es): Enter any established address where the business can receive its mail.

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Business Physical Address

Enter the primary location for business operations.

Please note if you do not have a permanent place of business, for example; a show vendor or operate a portable stand or pushcart, you must enter the home address of the owner or one of the partners, members, or officers of the business.

ATTN (C/O)

Enter the actual street address of your business. Do not enter a PO Box number.

Address Line 1\*

Address Line 2

City\*

Country\*State / Province\*

United StatesNew York

Zip Code\*ZIP + 4

County\*

- Select One -

Validate Address

☐ This is also the mailing address



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Additional Physical Location(s)

If you have additional physical locations to enter, please use the "Add Another Location" button for each location you would like to enter. Each time you select "Add Another Location" the new set of fields will appear below the previously entered locations, at the bottom of the screen.

Total Records: 0

ADDRESS	THIS IS ALSO THE MAILING ADDRESS	EDIT	DELETE
There are no rows to display.			
+ ADD ANOTHER LOCATION			

PRIMARY PHYSICAL LOCATION

DBA:  
ATTN(C/O): Test Applications  
Address: 1220 Washington Ave  
Albany, NY 12226-1800  
Albany County  
United States (US)

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Mailing Address(es)

Please be aware all correspondence, including your license/permit, will be sent to the physical address listed. If your business and/or mail box is not established, the United States Postal Service may deem your correspondence as undeliverable.

Enter all of your business mailing addresses in this section.

If you have multiple Mailing Addresses to enter, please use the "Add Another Address" button for each address you would like to enter. Each time you select "Add Another Address" the new set of fields will appear below the previously entered addresses, at the bottom of the screen.

Total Records: 0

ADDRESS	EDIT	DELETE
There are no rows to display.		
+ ADD ANOTHER ADDRESS		

PHYSICAL LOCATIONS THAT ARE ALSO A MAILING ADDRESS

DBA:  
ATTN(C/O): Test Applications  
Address: 1220 Washington Ave  
Albany, NY 12226-1800  
Albany County  
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Contact Information

Telephone Number \*

Remove

Add Another Telephone Number

Mobile Phone Number

---

Fax Number

---

E-mail Address \*

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## Industry Classification

### NAICS Code Selection

Enter a NAICS Code or description of your business in the Primary NAICS Code box below to identify the correct NAICS for your business. You will see a list of possible NAICS Codes and descriptions below as you type. Select and click the correct NAICS code from the list. Both the code and the description will then appear in the Primary NAICS Code field.

If you do not see your NAICS Code when typing into the Primary NAICS Code box below, use the Filter by Category link located below the Primary NAICS Code field. This will allow you to filter through the NAICS categories. Select the Industry Sector, followed by the Sub Sector, Industry, and finally the Industry Classification. Once the correct NAICS code and description is displayed, click the Select button to choose your NAICS code. The Reset button will clear the fields.

If you are still unable to find your NAICS Code, click [here](#) and use the 2017 NAICS Search in the upper left-hand corner of the page.

#### Primary NAICS Code

Enter NAICS to Search\*

OR Filter by Category

Do you have a secondary NAICS Code?\*

Can't find your NAICS Code? Click [here](#) for help.

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Owner/Business Principal

We are almost done building your Business Profile that will be available for all future transactions for this business!

In this section you will be asked to provide the following details regarding the owner(s), principal(s), or other responsible persons associated to the business: name, title, address, phone number, date of birth, social security number or federal employer identification number, ownership percentage, and profit distribution percentages.

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Sole Proprietor/Owner Information

Please enter your owner's information. You can also enter a Non-Owner who will be included on the application.  
If you have additional people to enter, please use the "Add New" button for each person you would like to enter.

Total Records: 0

TITLE	NAME	DOB	US RESIDENT?	SSN	PHONE	E-MAIL	PROFIT DISTRIBUTION	ADDRESS	EDIT	DELETE
There are no rows to display.										
+ Add New										

Back

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Exit Application





Add Record

Title\*

- Select One -

First Name\*

M.I.

Last Name\*

Suffix

- Select One -

Date of Birth\*

YYYY

MM

DD

Is this individual a resident of the United States?\*

Yes

No

SSN

-

-

Ownership Percentage: 0

Profit distribution percentage, if different than ownership percentage:

Phone Number \*

###-###-####

E-mail Address

Residential Address

Address Line 1\*

Address Line 2

City\*

Save

Cancel

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○ Proof of Cannabinoid Hemp Processing License

○ Ownership Structure

○ Ownership Structure cont.

○ Business Activities

## Persons Authorized to Submit This Application

This application must be submitted by the applicant (if an individual), by a managing member (if a limited liability company), by an officer (if a corporation), or by all partners (if a partnership).

Is the person filling out this application one of the above-named individuals? \*

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Certificate of Occupancy

Good Manufacturing Practices (GMP) Audit

## Persons Authorized to Submit This Application

This application must be submitted by the applicant (if an individual), by a managing member (if a limited liability company), by an officer (if a corporation), or by all partners (if a partnership).

Is the person filling out this application one of the above-named individuals? \*

Yes

No

Select the authorized person for this application. This person will also display on the license certificate. \*

Test Application

Title

Owner

First NameLast Name

TestApplication

Address line 1

1220 Washington Ave

Address line 2

City

Albany

CountryState

United StatesNew York

Zip Code

12226

Phone Number

518-265-8749

Email Address\*

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### Primary Contact Information

Select or enter the individual to be the primary person of contact for this application.\*

Test Application

Title

Owner

First NameLast Name

TestApplication

Address line 1

1220 Washington Ave

Address line 2

City

Albany

CountryState

United StatesNew York

Zip Code

12226

Phone Number

518-265-8749

Email Address\*

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## Adult-Use Conditional Processor Eligibility

Has the applicant entity or any predecessor entity applied for or been licensed as a Cannabinoid Hemp Processor by the NYS Office of Cannabis Management before January 1, 2022?\*

Yes

No

Will the Cannabinoid Hemp Processor entity that is now applying for an Adult-Use Conditional Processor license via this application have a FIFTY-ONE PERCENT OR MORE OWNERSHIP INTEREST in the entity that is ultimately licensed as the Adult-Use Conditional Processor?\*

Yes

No

Tip

To be considered a predecessor entity, the owner(s) who hold the Cannabinoid Hemp Processor license must retain at least 51% ownership and control of the new entity.

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○ Cannabis Product Type(s)

○ Medical Cannabis

## Proof of Cannabinoid Hemp Processing License

Enter the entity's or if applicable, predecessor entity's Cannabinoid Hemp Processor License Number\*

XXX-XXXX-##-####

Please select the county where the Cannabinoid Hemp Processor primary business location is located.\*

- Select One -

Upload the entity's or if applicable, predecessor entity's Cannabinoid Hemp Processor license certificate

Tip: The original license certificate was emailed to the applicant at the time of issuance. If you cannot locate your Cannabinoid Hemp Processor license certificate, email [hemp@ocm.ny.gov](mailto:hemp@ocm.ny.gov) for assistance.

Select file to upload:\* 

Choose a File:

☐ I am unable to locate and provide a copy of my OCM Cannabinoid Hemp Processor license certificate

What type of Cannabinoid Hemp Processor License does the entity, or if applicable predecessor entity have?\*

- Select One -

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## Ownership Structure

Has a new entity been created for the Adult-Use Conditional Processor License application, different from the entity authorized to process cannabinoid hemp under the Office of Cannabis Management Cannabinoid Hemp Program?\*

Does the applicant entity, or the entity licensed to process cannabinoid hemp, have any pending or unresolved litigation or labor law violations? Please include any and all litigation involving any owners, officers, or directors operating in their official capacity for both entities.\*

Has the applicant entity or the entity authorized to process cannabinoid hemp, been a party to any judicial or administrative proceedings, or received any regulatory violations or fines?\*

Has any owner of the applicant entity, or any close relative of an owner, been previously convicted of a cannabis offense? Close relatives includes: parent, guardian, child, spouse, or dependent.\*

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Certificate of Occupancy

Good Manufacturing Practices (GMP) Audit

Trade Secrets

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### 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?\*

Upload a copy of the applicant entity's Organizational Chart.

Select file to upload:\*

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.

Select file to upload:\*

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:\*

Are there any parent companies, subsidiaries, affiliates, and/or predecessors of the applicant?\*

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.

Select file to upload:\*

Do any owners have an interest in any other cannabis related licenses in our jurisdiction?\*

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 or license, including but not limited to employees of the Office of Cannabis Management and members of the Cannabis Control Board?\*

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.





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## Business Activities

Provide a short description of your proposed business model and planned license activities. Examples: Where will you obtain cannabis or cannabis extract; What extraction or manufacturing process will you use; What types of products do you intend to make; Is it an intermediary product or a finished cannabis product ready for retail sale? Provide any information which will help the Office understand your business plan. \*

If you would rather upload a document, you may do so here

☐ I want to upload a document

Do you intend to white-label or co-pack products for other cannabis cultivators or processors?\*

Yes

No

Do you intend to use another adult-use processor to white-label or co-pack products for other cannabis cultivators or processors?\*

Yes

No

Do you intend to distribute cannabis products to licensed Adult-Use Retail Dispensaries?\*

Yes

No

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## Processing Location Information

Select each location that will be used in the processing and/or manufacturing of adult - use cannabis.

### Primary Business Address

ATTN(C/O): Test Applications  
1220 Washington Ave  
Albany, New York 12226-1800  
Albany County  
United States

### PHYSICAL ADDRESS(ES)

<input type="checkbox"/>	DBA: ATTN(C/O): Test Applications Address: 1220 Washington Ave Albany, NY 12226-1800 Albany County United States (US)
--------------------------	--

0 of 1 rows selected

Don't see your address listed? Please click on the "Add New Physical Address" button

[Add New Physical Address\(es\)](#)

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Processing Location Information

DBA:  
ATTN(C/O): Test Applications  
Address: 1220 Washington Ave  
Albany, NY 12226-1800  
Albany County  
United States (US)

OPEN?	DAY	START TIME	AM / PM	END TIME	AM / PM
<input type="checkbox"/>	MONDAY	12:00	AM	12:00	AM
<input type="checkbox"/>	TUESDAY	12:00	AM	12:00	AM
<input type="checkbox"/>	WEDNESDAY	12:00	AM	12:00	AM
<input type="checkbox"/>	THURSDAY	12:00	AM	12:00	AM
<input type="checkbox"/>	FRIDAY	12:00	AM	12:00	AM
<input type="checkbox"/>	SATURDAY	12:00	AM	12:00	AM
<input type="checkbox"/>	SUNDAY	12:00	AM	12:00	AM

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DBA:  
ATTN(C/O): Test Applications  
Address: 1220 Washington Ave  
Albany, NY 12226-1800  
Albany County  
United States (US)

Please upload a copy of the floor plan for the address listed above identifying all operational areas including the processing area, packaging area, waste or disposal area, entrances and exits, sanitary facilities, and any other activities or licensed areas for the location.

Select file to upload:\*  
Choose a File:

The applicant has control over this property through:\*  
☐ Ownership  
☐ Lease Agreement

Are there any other license(s) issued by state or federal authorities related to operations of the facility? \*

Are there any other businesses or business activities conducted at the applicants premises? \*

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✓ Ownership Structure

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✓ Processing Location Information

## Extraction Method(s)

What extraction method(s) do you intend to use?

☐ Ethanol Extraction

☐ Carbon Dioxide (CO2) Gas Extraction

☐ Mechanical Extraction

☐ Other

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Cannabis Source

Cannabis Source Information

Please list each cultivator or processor that you intend to purchase cannabis or cannabis extract from. If you do not know where you will source cannabis or cannabis extract at the time of the application, please select "Save and Continue" below.

Total Records: 0

BUSINESS NAME	ENTITY TYPE	LICENSE # (IF AVAILABLE)	COUNTRY	STATE	TELEPHONE #	EMAIL ADDRESS	WEBSITE	EDIT	DELETE
There are no rows to display.									
+ ADD CANNABIS SOURCE									

Note: Processors may add additional sources of cannabis extract throughout the license period but must maintain records for each source pursuant to the regulations.

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Cannabis Source

### Cannabis Source Information

Please list each cultivator, processor that you intend to purchase extract at the time of the application, please select "Save and Continue"

Total Records: 0

BUSINESS NAME	ENTITY TYPE	LICENSE # (IF AVAILABLE)
There are no rows to display.		

Note: Processors may add additional sources of cannabis extract at the time of the application, please select "Save and Continue"

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Add Record

Business Name\*

Entity Type\*

- Select One -

License # (if available)

Country

United States

State

New York

Telephone #

Email Address

Website

Save

Cancel



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Extraction Method(s)

Cannabis Source Information

Cannabis Product Type(s)

## Cannabis Product Type(s)

Select the cannabinoid hemp products to be manufactured and sold by the applicant. Select all that apply.

The Office will be issuing additional guidance related to approved forms of cannabis product types. All licensees must adhere to rules, regulations and guidance issued by the Office.

☐ Crude oil, distillate or isolate (intermediary product to sell to another manufacturer)

☐ Tincture

☐ Pill, capsule

☐ Chewable, tablet

☐ Concentrates (wax, shatter)

☐ Topical

☐ Food

☐ Beverage

☐ Oil for Vaporization

☐ Flower Product

☐ Other

Note: Processors may add additional sources of cannabis extract throughout the license period but must maintain records for each source pursuant to the regulations.

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Cannabis Source Information

Workers' Compensation Insurance

Do you currently have Workers' Compensation insurance?\*

Yes

No

Are you exempt from Workers' Compensation Insurance?\*

Yes

No

Please upload Workers' Compensation Certificate of Exemption

If you are exempt from Workers' Compensation Insurance but do not currently have the exemption certificate, you may obtain this by exiting this application and applying through the New York Business Express Portal. Click [here](#) to go Workers' Compensation Exemption Application.

Select file to upload:\*

Choose a File:

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Cannabis Source

Workers' Compensation Insurance Coverage

Coverage Not Found

Insurance carriers have up to 30 days to submit new insurance policy information. Recently purchased insurance policies may not have been received by New York State Workers' Compensation Board.

Insurance policies are accessed by the federal identification number. Please check the federal identification number on your application and the federal identification number on your insurance policy. If the numbers do not match you must determine which federal identification number is accurate and take steps for correction by either updating the number on the application or contacting the insurance company to submit a correction.

If you have obtained your Workers' Compensation insurance within the last 30 days, please upload a copy of your Workers' Compensation Insurance.

Select file to upload:\*

Choose a File:

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Cannabis Source Information

Cannabis Product Type(s)

Disability and Paid Family Leave Benefits Insurance

Do you currently have Disability and Paid Family Leave Benefits Insurance?<sup>\*</sup>

YesNo

Are you exempt from Disability and Paid Family Leave Benefits Insurance?<sup>\*</sup>

YesNo

If you are exempt from Disability and Paid Family Leave Insurance but do not currently have the exemption certificate, you may obtain this by exiting this application and apply through the New York Business Express portal. Click [here](#) to go to the Workers' Compensation Exemption Application.

Select file to upload:<sup>\*</sup> Choose a File:

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Disability and Paid Family Leave Benefits Insurance Coverage

Coverage Not Found

Insurance carriers have up to 30 days to submit new insurance policy information. Recently purchased insurance policies may not have been received by New York State Workers' Compensation Board.

Insurance policies are accessed by the federal identification number. Please check the federal identification number on your application and the federal identification number on your insurance policy. If the numbers do not match you must determine which federal identification number is accurate and take steps for correction by either updating the number on the application or contacting the insurance company to submit a correction.

If you have obtained your Disability and Paid Family Leave Benefits Insurance within the last 30 days, please upload a copy of your Disability and Paid Family Leave Benefits Insurance.

Select file to upload: \*

Choose a File:

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Certificate of Occupancy

Do you currently have a certificate of occupancy authorizing activities allowed under the Adult-Use Conditional Processor license?\*

Yes

No

Please upload the certificate of occupancy or its equivalent, demonstrating compliance with all local building codes

Select file to upload: \*

Choose a File:

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Good Manufacturing Practices (GMP) Audit

Please upload the qualified third-party Good Manufacturing Practices (GMP) audit certificate

Select file to upload:\* Choose a File:

GMP Audit Company Name\*

GMP audit standard (select all that apply)

☐ 21 CFR Part 111 - Dietary Supplements

☐ GMP audit standard - 21 CFR Part 117 - Food

☐ GMP audit standard - 21 CFR Part 101 - Food Labelling

☐ Other

Date of GMP audit\*

YYYY MM Dt

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Trade Secrets

Please be aware that documents submitted to the Office are subject to being considered for release on the Office's website or otherwise as public information pursuant to laws and regulations such as the Freedom of Information Law. Certain exemptions are available. In order to determine what information could potentially be exempt from public disclosure requirements, please respond to the following questions.

Of the information that you have submitted via this portal and application process, what information do you consider a trade secret or commercial information that, if disclosed, would cause substantial injury to the competitive position of your commercial enterprise, such that you do not want that information shared on the OCM website or otherwise publicly disclosed? Please specify any such information, and please provide your explanation for considering the information a trade secret or commercial information that, if disclosed, would cause substantial injury to the competitive position of your commercial enterprise.

Did any legal counsel assist with the preparation and/or filing of this application? \*

YesNo

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  - Complete

## Attestation

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).

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 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.

Applicant Name:\*

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 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 here:\*** 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 here:\*** 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 here:\*** I verify and affirm that the applicant will comply with all Terms and Conditions of the 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 here:\*** Change in ownership: I verify and affirm that the applicant understands and 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.

☐





**Initials 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.

**Initials here:** 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.



**Initials here:\*** Child Support Attestation: Every applicant for an adult-use conditional cultivator license who is an individual or sole proprietor must certify in a written statement under oath, duly sworn and subscribed, that as of the date the application is filed he or she is (or is not) under obligation to pay child support and that if he or she is under such an obligation, that 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 repayment 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. 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](mailto:licensing@ocm.ny.gov) in order for the adult-use conditional cultivator license application to be considered complete. Persons 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 proceeding may be subject to suspension of their license. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable pursuant to section 175.35 of the penal law.

Please click 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 have done so, please upload the signature page here. **Please note, if this application is being submitted by a partnership all partners must sign the signature page.**

<https://cannabis.ny.gov/licensing>

Select file to upload:\*

Choose a File:

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Ready to Submit

Attestation

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Application Summary

Adult-Use Conditional Processor License Application

Entity Type

Entity Type: Individual (Sole Proprietor)

Business Identification

Legal Name: Test Application

DBA or trade name:

Do you have or intend to have employees: No

Federal Employer Identification Number (EIN): 65-4645165

Sole Proprietor's Social Security Number (SSN):

Business Addresses

Primary Addresses

ATTN(C/O): Test Applications  
1220 Washington Ave  
Albany, New York 12226-1800  
Albany County  
United States  
This is also the mailing address: Yes

Physical Locations

Mailing Address

Edit

Edit



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After submitting this application, you must pay a non-refundable application and license fee of \$2,000.

You must remit payment via check sent directly to the office at:  
Attn: Licensing Division  
New York State Office of Cannabis Management  
P.O. Box 2071  
Albany, NY 12220

After submission you will receive a confirmation email that contains your application number. You must print the confirmation email and include a copy with your payment.

You should also write your application number in the notes portion of the submitted check, in case the receipt is inadvertently separated from the payment.

No application will be fully processed and approved without full payment of the application and license fee.

By clicking "Submit Application" below, you acknowledge and agree to the electronic submission of this application to the Office of Cannabis Management.

If you have any questions, please reach out to [licensing@ocm.ny.gov](mailto:licensing@ocm.ny.gov)

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## Application Confirmation

Your Adult-Use Conditional Processor License Application has been successfully submitted on 06/08/2022 11:36 AM. The confirmation details are listed below. You will also receive this information via email.

**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.

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## New York Business Express Confirmation – RECEIPT NUMBER: 20625



NYBESTG <nybeprod\_tst1@mailfg.custhelp.com>

To



11:37 AM

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.



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Express**

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