Adult-Use Conditional Cultivator License

Overview

As the result of a new law, previously authorized hemp growers operating under the New York State Department of Agriculture and Markets Industrial Hemp Research Pilot Program, may qualify for an Adult-Use Conditional Cultivator license. The Adult-Use Conditional Cultivator license authorizes the license holder to grow cannabis (over 0.3% THC) in New York State under the Adult-Use Cannabis Program and are valid for two years from the date issuance.

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

1. Have been authorized to grow hemp under the Department of Agriculture and Markets Industrial Hemp Research Pilot Program.
2. Be in good standing with the Department of Agriculture and Markets.
3. Have been authorized by Department of Agriculture and Markets to grow cannabinoid or "CBD hemp" as opposed to growing hemp for grain or fiber.
4. Have grown and harvested cannabinoid or "CBD hemp" for two of the past four years (between 2018 - 2021) and be able to provide the Office with proof documenting such activities.
5. Hold at least a 51% or more ownership in the entity that held the industrial hemp grower authorization from Department of Agriculture and Markets.

Adult-Use Conditional Cultivators are authorized to grow up to one acre (43,560 square feet) of cannabis outdoors or 25,000 square feet in a greenhouse. A cultivator may also grow a portion of cannabis outdoors or in a greenhouse provided the total canopy is less than 30,000 square feet and the portion of greenhouse canopy is less than 20,000 square feet. In addition to cultivation, Adult-Use Conditional Cultivators are authorized to conduct minimal processing and distribution activities of their own cannabis flower products.

Adult-Use Conditional Cultivators must meet and comply with all terms and conditions, of the Adult-Use Conditional Cultivator license. Failure to comply with the terms and conditions or any future rules or regulations 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 Cultivator 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. 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
4. Documentation proving the applicant was authorized to cultivate cannabinoid or "CBD" hemp under the Department of Agriculture and Markets
5. Documentation proving the applicant grew cannabinoid or "CBD" hemp under the Department of Agriculture & Markets for two of the past four years
6. A cultivation and site plan for each proposed location to grow, harvest, dry, store or handle cannabis including the submission of floor plans, diagrams, GPS coordinates and an aerial photograph of the premise
7. Applicant attestation and agreement of the conditional licenses Terms and Conditions
8. Submission of 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

<table>
<thead>
<tr>
<th>TYPE</th>
<th>REFUNDABLE</th>
<th>AMOUNT</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>Adult-Use Conditional Cultivator</td>
<td>No</td>
<td>$2,000</td>
<td>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</td>
</tr>
</tbody>
</table>

Duration & Processing

| TERM/DURATION: | 2 Years |

Additional Info

- Terms and Conditions of the Adult-Use Conditional Cultivator license
- Frequently Asked Questions
- Relevant Legislation S.8084-A/A.9283-A

For additional information/Sponsor Agency:

Cannabis Management, Office of

Find Assistance

Check out our FAQs, Helpful Links or visit our Contact Us page.
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)

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Entity Type</th>
<th>ID #</th>
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<tbody>
<tr>
<td></td>
<td>Trust</td>
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<tr>
<td></td>
<td>Individual (Sole Proprietor)</td>
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</table>

- My business is not listed

Start Application
New York State Office of Cannabis Management – Adult-Use Conditional Cultivator Application Mock-up

Entity Type

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

Type of entity or organization:

- Select One -

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 - A legal entity for more information.
New York State Office of Cannabis Management – Adult-Use Conditional Cultivator Application Mock-up

**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*  
ML  
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)

SOLEPROP

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)

Save & Continue
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.

Back  Next
New York State Office of Cannabis Management – Adult-Use Conditional Cultivator Application Mock-up

**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 food 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.

**ATIN (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**

**Zip Code**

**County**

Validate Address

- This is also the mailing address
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

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)

Back       Save & Continue

Exit Application
New York State Office of Cannabis Management – Adult-Use Conditional Cultivator Application Mock-up
New York State Office of Cannabis Management – Adult-Use Conditional Cultivator Application Mock-up
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*

My Business Industry

OR Filter by Category

Do you have a secondary NAICS Code?*

Yes

No

Can't find your NAICS Code? Click here for help.
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.

[Back] [Next]

Exit Application
### 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.*

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</table>

There are no rows to display.

[Add New]

[Back] [Save & Continue]
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

Back  Save & Continue

Exit Application
Adult-Use Conditional Cultivator Applicant Eligibility

Has the entity or any related predecessor entity been authorized as a hemp grower from the NYS Department of Agriculture and Markets under the Industrial Hemp Research Program to grow CBD hemp?

- Yes
- No

Has the entity or any related predecessor entity cultivated CBD hemp under the Department of Agriculture and Markets program for at least 2 of the past 4 years (2018-2021)?

- Yes
- No

Has this entity or any related predecessor entity, submitted the required Department of Agriculture and Markets Industrial Hemp Reporting Report Form(s) for the harvests indicated in the previous question?

- Yes
- No

To be considered a predecessor entity, the owner(s) who were authorized under the Department of Agriculture & Markets program must retain 51% ownership control of the new entity. Applicants will be required to submit documentation proving they grew hemp.
Proof of Hemp Grower Status at the Department of Agriculture and Markets

Enter the entity’s Hemp Grower Authorization Number under the Industrial Hemp Research Program:

HEMP-G-*****

Select the county where hemp was grown (if more than one county please select the county where the majority of hemp was grown):

Select One.

Upload the authorized hemp grower’s most recent Industrial Hemp Grower Authorization letter from the Department of Agriculture and Markets:
The Industrial Hemp Grower Authorization letter is signed by the Commissioner of the Department of Agriculture and Markets and includes the entity name, address, fee paid and authorization number.

Select file to upload: Choose a File:

I am unable to locate and provide a copy of my most recent Industrial Hemp Grower Authorization letter.

Upload the authorized hemp grower’s most recent Industrial Hemp Grower Research Partnership Application:

Select file to upload: Choose a File:

I am unable to locate and provide a copy of my most recent Industrial Hemp Grower Research Partnership Application.

Upload the authorized entity’s Industrial Hemp Pre-harvest Planting Report Form or its equivalent, for two out of the following years: 2018, 2019, 2020, 2021.

Select file to upload: Choose a File:

I am unable to locate and provide a copy of my Industrial Hemp Planting Report Form(s).
Ownership Structure

Has a new entity been created for the Adult-Use Conditional Cultivator License application, different from the entity authorized to grow hemp under the New York State Department of Agriculture and Markets Research Program?

Yes  No

Does the entity or, if applicable, any predecessor entity, 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 the entity?

Yes  No

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.

Yes  No

Back  Save & Continue
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?

Yes ☐

No ☐

Upload a copy of the applicant entity’s Organizational Chart, including the names of all employees who are currently employed by the entity and their official titles/positions. Please also indicate any entities or individuals that have the authority to exercise decision-making authority over the management and policies of the applicant, have a right to receive revenue or profit, have assumed responsibility for the debt of the applicant, or have any intellectual property arrangement with the applicant, if not identified in responses to previous questions.

Select file to upload: ☐ Choose a File:

Upload a copy of the applicant entity’s Capitalization Table or ownership chart showing 100% ownership of the applicant entity, including any affiliate ownership of all parent companies. Ownership information must be provided going back to an individual(s).

Select file to upload: ☐ Choose a File:

Upload a copy of all documents showing all sources of funding, both cash and borrowed, and all transactions related to this application, and any right to future ownership or applicant.

Examples of documentation showing funding include, but are not limited to, any and all loan closing agreements, any relevant bank account statements, any gift arrangements.

Select file to upload: ☐ Choose a File:

Do any owners have an interest in any other cannabis related licenses in any jurisdiction? Please upload a description of the type of license and the nature of the owners’ involvement and if applicable, a copy of the license certificate.

Yes ☐

No ☐

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?

Yes ☐

No ☐

Note: Adult-Use Conditional Cultivators have a continuing duty to promptly disclose any material changes in the financial or ownership information provided to the Office.
Business Activities

Please provide a brief description of the entity’s business and cultivation plan, including how the entity proposes to grow and what type of products the entity intends to make.*

[Blank field]

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

- I want to upload a document

Upload a copy of each floor plan (actual or proposed) of any facility the entity intends to use in connection with the cultivation, harvesting, drying and trimming of cannabis. A facility includes ANY structure that will be used in the adult-use cannabis operation, including any storage, drying, greenhouse, hoop house or packaging areas.

Select file to upload:* Choose a File:

Do you intend to process cannabis flower products under this license?*

- Yes
- No

Do you intend to distribute cannabis flower products under this license?*

- Yes
- No

Back  Save & Continue
Growing/Drying Site Information

DBA: ATTN(CO): Test Applications
Address: 1220 Washington Ave
Albany, NY 12225-1800
Albany County
United States (US)

Please enter information regarding each growing or drying site at the address shown above. List each field/greenhouse/drying location separately, even if located at the same address.

If only growing outdoor, the maximum cumulative square footage allowed for an Adult-Use Conditional Cultivator License for outdoor grow is 43,060 square feet of canopy across all grow sites.

If only growing in a greenhouse, the maximum cumulative square footage allowed for an Adult-Use Conditional Cultivator License for greenhouse or similar structure grow is 25,000 of canopy across all grow sites.

A cultivator may cultivate both outdoors and in a greenhouse provided the flowering canopy in a greenhouse is less than 20,000 square feet and the total flowering canopy is equal to or less than 30,000 square feet.

Site Name/ID:

Do you plan to grow cannabis outdoors?

Yes  No

Do you plan to grow cannabis in a greenhouse or similar structure which controls for the temperature and climate of the grow? Please note that artificial lights are permissible in a greenhouse structure with up to no more than twenty artificial lights.

Yes  No

Upload an aerial photograph of the proposed growing site(s) with a description of any buildings or fields to be utilized in the operation.

Google Maps screenshots are acceptable. If the grow sites are not included on the aerial photograph, please include descriptions of where the grow sites will be on the property.

Select file to upload:  Choose a File:
Upload an aerial photograph of the proposed growing site(s) with a description of any buildings or fields to be utilized in the operation. Google Maps screenshots are acceptable. If the grow sites are not included on the aerial photograph, please include descriptions of where the grow sites will be on the property.

Select file to upload: Choose a File:

Please provide the GPS coordinates from the center of the field/building in decimal format ex: 42.734537, -73.817688

Latitude* Longitude*

I confirm that I have control over this property through:
- Ownership
- Lease Agreement

Add New Site Information For This Address

Note: An Adult-Use Conditional Cultivator may add or change proposed grow locations with prior written approval from the Office.
Attestation

Adult-Use Conditional Cultivator Program Eligibility Conditions and Attestations

The authorized person submitting this application must be 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).

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 Conditional Adult-Use Cultivator License and may prevent the ability of the entity or any listed owners to be 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 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 at least 51 percent of the ownership of the applicant for this New York State Office of Cannabis Management (office) Adult-Use Conditional Cultivator license is held by a New York State Department of Agriculture and Markets-authorized or licensed industrial hemp grower.
I verify and affirm that the applicant will comply with all Terms and Conditions of the Adult-Use Conditional Cultivator License, and all current and future applicable state and local laws, rules, and regulations. I further acknowledge and agree that 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.

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 a conditional adult-use cultivator license must be submitted to the Office for review and must receive prior written approval of the Office before becoming effective. Changes in ownership structure without Office approval may result in revocation of the license.

Reapplication: I verify and affirm that the applicant acknowledges that, in order to continue cultivating cannabis upon the expiration of the Adult-Use Conditional Cultivator license, the applicant will need to apply for an Adult-Use Cultivator 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 Cultivator license may require fingerprinting and background checks for persons associated with the applicant for an Adult-Use Cultivator license.

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 cultivators and shall leverage remote and in-person mentees with experience in agricultural business management, sustainable cannabis cultivation, and best practices.

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.
Payment Instructions

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 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
Application Confirmation

Your Adult-Use Conditional Cultivator License Application has been successfully submitted on 03/08/2022 02:00 PM. The confirmation details are listed below. You will also receive this information via email.

Entity Name: Test Application
Application ID: OCMAUC-2022-000033

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

Thank you for using the New York Business Express portal.

Return to Home Page
Log out
Dear [Name],

Thank you for doing business in New York.

Your Adult-Use Conditional Cultivator License Application has been successfully submitted on 03/08/2022 02:00 PM. The confirmation details are listed below.

**Entity Name:** Test Application

**Application ID:** OCMCAUC-2022-000033

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).


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