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## New York Business Express

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<p style="font-size: 0.8em;">Cannabis Management, Office of</p> <p style="font-size: 1.2em; color: #0070C0;"><i>Adult-Use</i> Conditional Cultivator License</p> <p style="font-size: 0.8em; color: #0070C0;"><i>Adult-Use</i> Conditional Cultivator License</p>	<p>OVERVIEW</p> <hr/> <p>HOW TO APPLY</p> <hr/> <p>MORE DETAILS</p> <hr/>
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Overview	<h2>Adult-Use Conditional Cultivator License</h2> <p>Adult-Use Conditional Cultivator License</p>
Requirements	
How to Apply	<h3>Overview</h3> <p>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.</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 been authorized to grow hemp under the Department of Agriculture and Markets Industrial Hemp Research Pilot Program.</li> <li>2. Be in good standing with the Department of Agriculture and Markets.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ol> <p>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.</p> <p>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.</p> <p>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 <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> <p>Program Contact Information:</p> <p>Telephone: 1-888-OCM-5151 (1-888-626-5151)  E-Mail: <a href="mailto:licensing@ocm.ny.gov">licensing@ocm.ny.gov</a>  Website: <a href="https://cannabis.ny.gov/">https://cannabis.ny.gov/</a></p>
Fee(s)	
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## 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.

Apply Online





### Required Fees

TYPE	REFUNDABLE	AMOUNT	COMMENTS
Adult-Use Conditional Cultivator	No	\$2,000	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

### Duration & Processing

TERM/DURATION:	2 Years
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### 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.

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The screenshot shows the top navigation bar with the New York State logo and links for Services, News, Government, and COVID-19 Vaccine. Below this is a dark blue 'Business Express' header with links for Start Your Business, Run Your Business, Creating Opportunity, and Search Applications, along with a Login | Register button. The main content area features a 'GET STARTED' heading and instructions to apply online by logging in or registering with NY.gov. Two large colored boxes are present: a blue one for users with a NY.GOV ID (with a 'Login Here' button and links for 'I forgot my username' and 'I forgot my password') and an orange one for users who need a NY.GOV ID (with a 'Register Here' button). A large diagonal watermark 'FOR INFORMATIONAL PURPOSES ONLY' is overlaid on the page. At the bottom, there is a contact number for the NYS Business Information Center.



## 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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Start Application



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## Entity Type

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?\*

  

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 States New 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.			
<a href="#">+ ADD ANOTHER LOCATION</a>			

---

#### 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  
 United States (US)

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### Contact Information

Telephone Number \* Remove

Mobile Phone Number

Fax Number

E-mail Address \* Remove

Business Website

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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.										
<a href="#">+ Add New</a>										

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- Ownership Structure cont.
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## 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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### 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\*

Test Application

Title: Owner

First Name: Test Last Name: Application

Address line 1: 1220 Washington Ave

Address line 2:

City: Albany

Country: United States State: New 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 Name: Test Last Name: Application

Address line 1: 1220 Washington Ave

Address line 2:

City: Albany

Country: United States State: New York

Zip Code: 12226

Phone Number: 518-265-8749

Email Address\*

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## 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 Planting Report Form(s) for the harvests indicated in the previous question? \*

Yes  No

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**Tip**

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.

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## 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).

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## 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

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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, 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 or 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.\*

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

Select file to upload.\*

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

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

Select file to upload.\*

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.\*

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 Cultivators have a continuing duty to promptly disclose any material changes in the financial or ownership information provided to the office.

**Tip**

A Minority owned business is identified as being at least 51% owned by people who are:

- Black persons having origin in any of the black African racial groups;
- Hispanic persons of Mexican, Dominican, Puerto Rican, Cuban, Central or South American descent of indigenous or Hispanic origin, regardless of race;
- Asian and Pacific Islander person having origin in any of the Far East countries, Southeast Asia, the Indian subcontinent or the Pacific Islands; or
- Native American or Alaskan Native persons having origin in the original peoples of North America.

A Women-Owned Business is a business in which at least 51% is owned by women.

A service disabled veteran owned



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### 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.\*

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:\*

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

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

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## Site Information

Select each address you will be using for this operation (each address may have multiple grow locations which can be entered later in the application)

The following series of questions will ask about your site plan for where you plan to grow cannabis. Per the law, Adult-Use Conditional Cultivators are restricted in the amount of cannabis they can grow. There are different square feet restrictions depending on growing in a greenhouse or outdoor.

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

1 of 1 rows selected

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

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

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  - Primary Contact Information
  - Adult-Use Conditional Cultivator Applicant Eligibility
  - Proof of Hemp Grower Status at the Department of Agriculture and Markets
  - Ownership Structure
  - Ownership Structure cont.
  - Business Activities
  - Site Information
  - Growing/Drying Site Information**
- Ready to Submit

## Growing/Drying Site Information

DBA:  
ATTN(C/O): Test Applications  
Address: 1220 Washington Ave  
Albany, NY 12226-1800  
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 43,560 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.

Remove

Site Name/ID\*

Do you plan to grow cannabis outdoors?\*

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.\*

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.\*



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:\*

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

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

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- Attestation
- Application Summary
- Payment Instructions
- Complete

## 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 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 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.



**Initials here:** 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.

**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 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.

**Initials here:** 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.

**Initials here:** 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.

**Initials here:** 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.

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**Initials here:\*** Electronic Signature: I hereby acknowledge that I am submitting this application by electronic means, using an electronic signature, and my electronic signature, including  my initials entered herein, are the legal equivalent of my manual signature on this document.

Please click on the link to download, read and sign a copy of the Terms and Conditions of the Adult Use Conditional Cultivator 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: \*

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. \*

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## Application Summary

### Adult-Use Conditional Cultivator License Application (OCMAUCC22)

#### Entity Type

Entity Type: Individual (Sole Proprietor) [Edit](#)

#### Business Identification

Legal Name: Test Application [Edit](#)

DBA or trade name:

Do you have or intend to have employees: No

Federal Employer Identification Number (EIN): 85-4645165

Sole Proprietor's Social Security Number (SSN):

#### Business Addresses

[Edit](#)

##### 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



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  - Complete

## 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 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

[REDACTED]

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:** 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).

Thank you for using the New York Business Express portal.

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New York Business Express Confirmation – RECEIPT NUMBER: 19922



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

To [Redacted]

Reply

Reply All

Forward



Tue 3/8/2022 2:01 PM

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Dear [Redacted],  
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).

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. \*\*

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