## Entity Type

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

### Type of entity or organization:

<table>
<thead>
<tr>
<th>Select One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual (Sole Proprietor)</td>
</tr>
<tr>
<td>Limited Liability Company</td>
</tr>
<tr>
<td>Corporation</td>
</tr>
<tr>
<td>Limited Liability Partnership</td>
</tr>
<tr>
<td>Limited Partnership</td>
</tr>
<tr>
<td>Partnership</td>
</tr>
<tr>
<td>Government</td>
</tr>
<tr>
<td>Trust</td>
</tr>
<tr>
<td>Estate</td>
</tr>
</tbody>
</table>

### 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...
**Entity Type**

*Stop:* Before you continue, please confirm the Business entity type you selected. If you select an incorrect entity type in error, or need to change your entity type later, you will have to start a new application. To learn more about business entities see Legal Structure FAQ.

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

*Type of entity or organization:*

- Limited Liability Company

*Sub Type for LLC*

- Select One -
  - Member Managed LLC
  - Manager Managed LLC

**Tip**

- **Member-managed LLC** - An LLC where all the members participate in running the business.
- **Manager-managed LLC** - An LLC where only designated members, or certain nonmembers/outsiders, or a combination of members and nonmembers are given the responsibility to run the business.
Business Identification

Legal Name *
Hemp Life LLC

DBA or trade name (if different from legal name above)

Federal Employer Identification Number (EIN)
78-5757687

I do not have a Federal Employer Identification Number (EIN)

Back  Save & Continue

Exit Application
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.
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 street 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.

ATTIN (C/O)

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

Address Line 1* 
123 N Main Ave

Address Line 2

City* 
Albany

Country* 
United States

State / Province* 
New York

Zip Code* 
12206

ZIP + 4 
1803

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

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>This is also the mailing address</th>
<th>DELETE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>There are no rows to display.</td>
<td></td>
</tr>
</tbody>
</table>

**Primary Physical Location**

DBA:
Address: 123 N Main Ave
Albany, NY 12206-8803
Albany County
United States (US)
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.

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Edit</td>
<td>DELETE</td>
</tr>
<tr>
<td>There are no rows to display.</td>
<td></td>
</tr>
<tr>
<td>+ ADD ANOTHER ADDRESS</td>
<td></td>
</tr>
</tbody>
</table>

Physical Locations that are also a Mailing Address

DBA:
Address: 123 N Main Ave
Albany, NY 12206-1803
Albany County
United States (US)
Contact Information

**Telephone Number**
403-252-3454

**Mobile Phone Number**

**Fax Number**

**E-mail Address**
faith.montesano@faa.gov

**Business Website**
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

453998 All Other Miscellaneous Store Retailers (except Tobacco Stor

OR Filter by Category

Do you have a secondary NAICS Code?

Yes

No

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

Here you can type in the industry name/code and the field will auto-fill. You can also click on the Filter option to drill down.
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.
Member Information

Please enter your member/managing member information.

If you have additional members/managing members to enter, please use the “Add A Member” button for each member/managing member you would like to enter.

Total Records: 0

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>SSN</th>
<th>Ownership Percentage</th>
<th>ADDRESS</th>
<th>EDIT</th>
<th>DELETE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There are no rows to display.

+ Add A Member

Back    Save & Continue

Exit Application
Member can be a person or a business. Titles are based on the Business Entity type. This is LLC.
Fields will change based on Type of Principal selection. These are the Business as a Principal fields.
# Member Information

Please enter your member/managing member information.

If you have additional members/managing members to enter, please use the "Add A Member" button for each member/managing member you would like to enter.

Total Records: 1

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>SSN</th>
<th>Ownership Percentage</th>
<th>ADDRESS</th>
<th>EDIT</th>
<th>DELETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member</td>
<td>Joe Smith</td>
<td>*<strong>-</strong>-3123</td>
<td>100</td>
<td>123 N Main Ave</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Albany, NY 12206-1803</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Albany County</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>United States</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Add A Member]

---

[Back] [Save & Continue]

[Exit Application]
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

One of the above-named individuals must be the person submitting this application.

Title
Member

First Name  Last Name
Faith  Test

Address line 1
123 N Main Ave

Address line 2

City
Albany

Country  State
United States  New York

Zip Code
12206

Phone Number
564-654-6546

Email Address

If yes, trigger contact info fields displaying only owners from profile in dropdown. Fields are noneditable.

Back  Save & Continue
Primary Contact Information

Select or enter the individual to be the primary person of contact for this application:

- Other
- Faith Test

First Name*

Last Name*

Address line 1*

Address line 2

City*

Country*

State*

Zip Code*

Phone Number*

Email Address*

If the user selects a name from the Populated list from profile then prepopulate all these fields and should be noneditable. If user selects "Other" - all fields should be open for data entry.

If "Other" is selected, all fields should be open text box for data entry.
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

This application does not meet the requirements for the Adult-Use Conditional Cultivator license. In order to be eligible, the existing entity or predecessor entity must have been previously authorized to grow hemp by the NYS Department of Agriculture and Markets.

If you still wish to participate in the Adult Use Cannabis program, please note that additional license opportunities will be available later this year. The Office of Cannabis Management encourages you to apply at that time. You can sign-up for OCM updates here: https://cannabis.ny.gov/sign_up_for_updates_from_OCM

Tip: To be considered a predecessor entity, the owner(s) who were authorized under the Department of Agriculture and Markets program must retain 51% ownership control of the new entity.

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

This application does not meet the requirements for an Adult-Use Conditional Cultivator license. In order to be eligible, the existing entity or predecessor entity must have been cultivating CBD hemp for at least two of the last four years.

If you still wish to participate in the Adult Use Cannabis program, please note that additional license opportunities will be available later this year. The Office of Cannabis Management encourages you to apply at that time. You can sign-up for OCM updates here: https://cannabis.ny.gov/sign_up_for_updates_from_OCM

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

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

Tip: The Department of Agriculture and Markets required all businesses authorized to grow hemp to submit Industrial Hemp Harvest Report (form(s) for all hemp planted and harvested.

In the event an entity or predecessor entity is unable to submit proof of an Industrial Hemp Planting Report Form(s) for two or more of the past four years, the entity must submit alternative proof that the entity grew hemp for two of the past four years to the satisfaction of the Office. Please note that alternative submissions may delay the processing and review of the application.

Back  Save & Continue

Exit Application
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-123456

The hemp grower authorization number entered is incorrect. Please confirm the authorization number is entered identically as supplied by the Department of Agriculture and Markets in their complete format with all dashes, letters, and numbers. If you have lost or cannot remember your hemp authorization number, please contact licensing@ocm.ny.gov for assistance.

Tip: The Hemp Grower Authorization number must be entered identically as supplied by the Department of Agriculture and Markets in their complete format, with all dashes, letters, and numbers. Do not include any additional spaces. If you are a grower under the 2021 Hemp Program, please enter your old authorization number under the Research Program.

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

NYS Counties

Upload the authorized hemp grower’s most recent Industrial Hemp Grower Authorization letter from the Department of Agriculture and Markets:

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.

Tip: 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.

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.

All uploads are required unless checkbox is selected.

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).

If checked, trigger message below and require upload.

Please provide additional documentary evidence of previous hemp production. Acceptable alternative evidence may include, but is not limited to, sampling and testing results for hemp flower from an approved lab, production records including inputs, planting, and harvest records, production records from processors who purchased hemp materials with verifiable batch, testing, and purchase records, or any other records related to at least 2 years of hemp production.

Select file to upload: Choose a File
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

Please enter the previous business information:

Previous business name:

Previous FEIN:

Previous entity type:

- Sole Proprietor
- Limited Liability Company
- Corporation
- Limited Liability
- Limited Partnership
- Partnership

Please describe the changes to the business:

If you would rather upload a document of the new business description, you may do so here.

- I want to upload a document for the new business description
  Select file to upload: Choose a File

Does the entity, 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

Please explain:

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

- I want to upload a document
  Select file to upload: Choose a File

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

Yes  No

Please explain:

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

- I want to upload a document
  Select file to upload: Choose a File
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

If Yes, trigger and require upload

Please upload supporting documentation and/or the certificate
Select file to upload: Choose a File

Upload a copy of the applicant entity’s Organizational Chart
Select file to upload: Choose a File

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: Choose a File

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.
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 owner’s involvement and if applicable, a copy of the license certificate.

Yes
No

Please upload a description of the type of license and the nature of the owner’s involvement and if applicable, a copy of the license certificate.
Select file to upload: Choose a File

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

Please explain:

If yes, trigger text box

Tip Box: 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.

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.

Back
Save & Continue

Exit Application
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

Select file to upload: Choose a File

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.

Select file to upload: Choose a File

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

Yes  No

Tip: Adult-Use Conditional Cultivators are authorized to process cannabis flower products under this license without also holding an Adult-Use Processor license until June 1, 2023. In order to conduct cannabis flower processing activities, licensees must adhere to all processing requirements as determined by the Office in the Adult-Use Conditional Cultivator License Agreement and any subsequent rules or regulations.

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

Yes  No

Tip: Adult-Use Conditional Cultivators are authorized to distribute cannabis flower products under this license without also holding an Adult-Use Distributor license until June 1, 2023. In order to conduct cannabis flower product distribution activities, licensees must adhere to all distribution requirements as determined by the Office in the Adult-Use Conditional Cultivator License Agreement and any subsequent rules or regulations. Please note, to conduct distribution activities the licensee will need to register with the Department of Taxation & Finance.
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 indoor or outdoor.

- [ ] 123 Main Street
- [x] 50 Wolf Road
- [ ] 10 State Street

Don't see your address listed? Please click on the "add new address" button.

Add additional address

If selected, bring applicant back to locations in NYBE profile business physical locations section

Back  Save & Continue
Growing/Drying Site Information

50 Wolf Road

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 sq ft canopy across all grow sites.

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

A cultivator may cultivate both outdoors and in a greenhouse provided the following canopy in a greenhouse is less than twenty-thousand square feet and the total flowering canopy is equal to or less than thirty-thousand square feet.

Site Name/ID

Do you plan to grow cannabis outdoors?

Yes  No

Enter the total square feet of the proposed canopy area

Max of 43,560 sq ft.
Trigger error message if over and do not allow user to continue.

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

Enter the square feet of the proposed canopy

Max of 25,000 sq ft.
Trigger error message if over and do not allow.

Please provide the GPS coordinates from the center of the field/building in decimal format ex. 42.734537, -73.87688

Latitude  Longitude

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

Select file to upload:  Choose a File

I confirm that I have control over this property through:

Ownership  Lease Agreement

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

Back  Save & Continue
Conditional Adult-Use 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 attestation 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.

I attest that 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.

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.

I verify and affirm under penalties of perjury that at least 51% of the ownership of the applicant for this New York State Office of Cannabis Management (office) conditional adult-use cultivator license is held by a New York State Department of Agriculture and Markets-authorized or licensed industrial hemp grower.

I 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.

I reapply: I verify and affirm that the applicant acknowledges that, in order to continue cultivating cannabis upon the expiration of the conditional adult-use 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电子 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.

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.

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.

Select file to upload:  Choose a File  

View Terms and Conditions  

Save & Continue
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" below I 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