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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trust</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Individual (Sole Proprietor)</td>
<td></td>
</tr>
</tbody>
</table>

My business is not listed

Start Application
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 - Non-Profits - Click here for more information. A legal entity
**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.

<table>
<thead>
<tr>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
<th>Suffix</th>
</tr>
</thead>
</table>

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)**

Entering an EIN is mandatory for businesses with employees or those who file a tax return. It is used for tax purposes to identify your business to the IRS and New York State. It is unique and does not change.

If you do not have an EIN, please enter the owner's Social Security Number below.

**Sole Proprietor's Social Security Number (SSN)**

[Enter SSN]

---

*Please note that this is a draft and subject to change.*
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.

**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**

**ZIP + 4**

**County**

- Select One -

Validate Address

This is also the mailing address
Additonal 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.

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>THIS IS ALSO THE MAILING ADDRESS</th>
<th>EDIT</th>
<th>DELETE</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>There are no rows to display.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Primary Physical Location

DBA:
ATTN(C/O): Test Applications
Address: 1220 Washington Ave
Albany, NY 12226-1800
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>
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<tbody>
<tr>
<td>There are no rows to display.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ADD ANOTHER ADDRESS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PHYSICAL LOCATIONS THAT ARE ALSO A MAILING ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA: ATTN/C/O: Test Applications Address: 1220 Washington Ave Albany, NY 12226-1800 Albany County United States (US)</td>
</tr>
</tbody>
</table>

[Save & Continue]
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?*

Yes  No

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

Save & Continue
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.
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

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>DOB</th>
<th>US RESIDENT?</th>
<th>SSN</th>
<th>PHONE</th>
<th>E-MAIL</th>
<th>PROFIT DISTRIBUTION</th>
<th>ADDRESS</th>
<th>EDIT</th>
<th>DELETE</th>
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</thead>
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</tr>
</tbody>
</table>

There are no rows to display.

+ ADD NEW

Back  Save & Continue

Exit Application
**Applicant Type**

Does the applicant or an affiliated non-profit organization qualify under the Conditional Adult-Use Retail Dispensary (CAURD) nonprofit eligibility criteria? Applicants eligible under the qualifying business criteria should select No.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Is the applicant organized as a nonprofit?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Is the applicant organized as a corporation, partnership, or LLC?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Tip Box:**
Applicants applying under the qualifying nonprofit eligibility criteria do not need to be organized as a nonprofit organization, as long as it is at least 30% owned and controlled by a qualifying nonprofit organization.

For more information on the nonprofit eligibility criteria please visit: [cannabis.ny.gov/licensing](http://cannabis.ny.gov/licensing).

**Applicant Type 1 / 38**

**DRAFT SUBJECT TO CHANGE**
Applicant Type - Corp

Corporation Business Type

Is the applicant a publicly traded company?

- Yes
- No

Does the applicant have any passive investors?

- Yes
- No

One of the requirements for the CAURD license is that 51% of the applicant is owned by justice-involved individuals. Is any passive investor’s ownership interest being used to count toward the 51% justice-involved requirement?

- Yes
- No

Tip Box:
Justice involved means someone who has been convicted of a marihuana-related offense in New York State before March 31, 2021, or is the parent, spouse, child, guardian, or dependent of someone who has been convicted of a marihuana-related offense in New York State before March 31, 2021.

Tip Box:
Passive investor means a person that has an aggregate ownership interest of no more than five percent of the outstanding shares of an applicant or licensee whose shares are publicly traded, and such person does not have control over the applicant or licensee.

Tip Box:
For the justice-involved criteria, unless otherwise prohibited under Cannabis Law section 137, a marihuana-related offense is defined as:

- An offense described under article 221 of the New York State Penal Law (Offenses Involving Marihuana) prior to its repeal on March 31, 2021;
- An offense described under article 220 or section 240.36 of the Penal Law where the substance involved was marihuana, that occurred prior to the creation of article 221 in 1977;
- An arrest for an offense as described above that ultimately led to a conviction for another offense, such as non-drug offense, violation, or misdemeanor, by means of a plea deal or other mechanism.
Ownership Interest

The applicant must disclose 100% of the ownership and equity structure of the applicant's business, except for those persons holding less than 5% ownership interest if the applicant is a publicly traded corporation.

If the applicant is affiliated with a nonprofit organization that qualifies under the CAURD nonprofit eligibility criteria, please add the parent nonprofit organization as a "New Business" in the table below.

<table>
<thead>
<tr>
<th>BUSINESS OWNERS (individuals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: Member</td>
</tr>
<tr>
<td>Name: Faith Test</td>
</tr>
<tr>
<td>Address: 123 N Main Ave</td>
</tr>
<tr>
<td>Albany, NY 12206-8033</td>
</tr>
<tr>
<td>Phone: 555-555-5555</td>
</tr>
<tr>
<td>Ownership Percentage: 50%</td>
</tr>
</tbody>
</table>

1 of 1 rows selected

<table>
<thead>
<tr>
<th>BUSINESS OWNERS (Business)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: CAURD LLC</td>
</tr>
<tr>
<td>Address: 123 N Main Ave</td>
</tr>
<tr>
<td>Albany, NY 12206-8033</td>
</tr>
<tr>
<td>Phone: 555-555-5555</td>
</tr>
<tr>
<td>Ownership Percentage: 50%</td>
</tr>
</tbody>
</table>

1 of 1 rows selected

Passive Investors who are Justice Involved
Name: Joe Smith
Address: 55 Central Ave
Albany, NY 12205
Phone: 555-555-5555
Ownership Percentage: 10%

Entered Ownership Percentage: 10%
Percentage of ownership that is passive investors: 10%
No passive investor has an aggregate ownership interest of more than 5%
Total Ownership: 100%

Tip Box:
Examples of aggregate ownership interest include, but are not limited to, when shares of a single entity are held by an investor and their spouse, or where an investor has an interest in multiple entities holding shares of a single license. If the aggregate ownership interest held by an investor in a single license exceeds 5% ownership interest in the licensed entity, the investor no longer qualifies as a passive investor in that entity.
Business Principal Ownership Structure

CAURD LLC 123 Main St 50%

Please enter all business principals for the above named business.

Use the "Add A Principal" button for each partner, LLC member, LLC manager, stockholder, officer, director, or person with equivalent title.

Please add any individuals making up the ownership of the business listed above who contribute to the applicant’s justice-involved ownership. The individual’s proportional ownership percentage in the applicant should be added.

Owners of the business that are listed in the table above will contribute to the applicant’s justice-involved ownership.

Please add any individuals making up the ownership of the business listed above who contribute to the applicant’s justice-involved ownership. The individual’s proportional ownership percentage in the applicant should be added.

Tip box: Proportional ownership percentage is the percentage of the applicant that the individual owns as a result of the individual’s ownership at the above entity (plus or minus). Owns the applicant/ Licensee who owns 80% of ABC LLC and ABC LLC owns 60% of applicant/ Licensee, then that individual’s proportional ownership interest is 48%.
Individual Ownership Interest & Sole Control Selection

Below are the entities and individuals that you indicated have direct or indirect ownership of the applicant. Please identify the individual with sole control of the applicant. This individual must be justice involved with a qualifying business, and have at least 30% ownership or 30% proportional ownership of the applicant. If the applicant qualifies under the CAURD nonprofit eligibility criteria, please select the nonprofit organization with sole control over the applicant.

Direct Individual Ownership

- **Title:** Member
- **Name:** Faith Test
- **Address:** 123 Main St, Albany, NY 12205
- **United States (US):**
- **Phone Number:** 555-555-5555
- **Ownership Percentage:** 50

Add New Individual

Indirect Ownership (Individuals)

- **Name:** Joe Smith
- **Address:** 55 Central Ave, Albany, NY 12205
- **United States (US):**
- **Phone Number:** 555-555-5555
- **Proportional Ownership Percentage:** 10

Add New Passive Investor

Total of 1st Level Ownership: 55%

Total of 2nd Level Ownership: 10%

Add New Business Owner

I attest that the selected individual has sole control of the applicant and that I shall submit documents to evidence this control before final licensure.
Nonprofit Ownership Interest & Sole Control Selection

Below are the entities you indicated have direct or indirect ownership of the applicant. Please select the nonprofit entity with sole control over the applicant.

Please Note: at least 51% of the applicant must be owned by the organization that qualified under the nonprofit eligibility criteria, or by multiple eligible nonprofit organizations and/or justice-involved people. If multiple groups make up the 51% minimum, at least 30% must be owned by one nonprofit organization that qualifies under the nonprofit eligibility criteria, who must also have sole control of the applicant.

Direct Ownership

Nonprofit Organization
Title: Member
Name: Faith Test
Address: 123 Main St
Albany, NY 12205
Albany
United States (US)
Phone Number: 555-555-5555
Ownership Percentage: 50

Total of 1st Level Ownership 55%

Add New Nonprofit

☐ I attest that the selected nonprofit has sole control of the applicant and that I shall submit documents to evidence this control before final licensure.

Upload a letter from the parent or affiliated nonprofit organization verifying the relationship between the entities.

☐ I attest the information has been submitted with the awareness and consent of the qualifying nonprofit organization.

Back Save & Continue
New York Presence for Sole Control

Title: Member
Name: Faith Test
Address: 123 Main St
Albany, NY 12205
Albany
United States (US)
Phone Number: 555-555-5555
Ownership Percentage: 50

☐ I attest that the business principal with sole control over the CAURD applicant has significant presence in New York State. Significant presence can be established through physical presence or residency in New York State, holding assets in New York State, maintaining a bank accounting New York State, owning real estate or property in New York State, or as otherwise determined by the Office.

The Office reserves the right to ask the applicant to submit additional documentation to verify this attestation.
Justice Involved Owner(s) Selection

A justice involved individual is an applicant or an individual with ownership interest in an applicant that has been convicted of a marijuana-related offense in New York State before March 31, 2021 or is the parent, spouse, civil guardian, or dependent of someone who has been convicted of a marijuana-related offense in New York State before March 31, 2021.

Include individuals who were in a legal regulated domestic partnership because they were not legally permitted to marry in New York State prior to the enactment of the Marriage Equality Act (June 24, 2011).

Individuals who can provide evidence (e.g., their parent, spouse, civil guardian, or dependent) were convicted of a marijuana-related offense before March 31, 2021 or had criminal convictions or were otherwise precluded from being a justice involved owner. An offense described in subarticle 221 of the New York State Penal Law (Offenses Involving Marijuana) prior to its repeal on March 31, 2021, or An offense described in subarticle 220 or section 240.16 of the Penal Law where the substance involved was marijuana, that occurred prior to the creation of article 221 in 1977.

An individual conviction for a felony as described above that ultimately led to a conviction for another offense, such as non-drug offenses, evading, or misdemeanor, by means of a plea deal or other mechanism.

A comprehensive list of eligible NYS marijuana-related offenses can be found on compstat.ny.gov/premier.

Below is a list of all individuals that have been entered with ownership of the CAURD applicant.

Select each owner that is justice involved. The owner who has been selected as having Sole Control MUST be justice involved, have a qualifying business, and hold at least 30% of the applicant entity. They have been presellected below and you will be asked to enter their justice-involved information on the following page.

Combined ownership of justice-involved owners in the applicant must be 51% or more.

**Direct Ownership**

- **Business Owner (Individual)**
  - **Title:** Member
  - **Name:** Faith Test
  - **Address:** 123 Main St
  - **City:** Albany
  - **State:** NY
  - **ZIP:** 12205
  - **Country:** United States (US)
  - **Phone Number:** 555-555-5555
  - **Ownership Percentage:** 50

**Indirect Ownership (Individuals)**

- **Owners of CAURD LLC**
  - **Name:** Mary Jane
  - **Address:** 25 Central Ave
  - **City:** Albany
  - **State:** NY
  - **ZIP:** 12205
  - **Country:** United States (US)
  - **Phone Number:** 555-555-5555
  - **Proportional Ownership Percentage:** 10

**Passive Investors**

- **Name:** Joe Smith
  - **Address:** 55 Central Ave
  - **City:** Albany
  - **State:** NY
  - **ZIP:** 12205
  - **Country:** United States (US)
  - **Phone Number:** 555-555-5555
  - **Ownership Percentage:** 5

**Total Justice-Involved Ownership:** 60%
Justice Involved Owner(s)

Title: Member
Name: Faith Test
Address: 123 Main St
Albany, NY 12205
Albany
United States (US)
Phone Number-555-555-5555
Ownership Percentage: 50

Justice Involved Owner(s) cont.

Applicants are only required to enter one marijuana-related offense to be eligible but may enter all relevant convictions.

Note that for the charges below, Cannabis/ Marihuana/ Concentrated Cannabis (hashish) MUST BE in the accusatory instrument.

- PL 240.36 Loitering in the First Degree
- PL 220 Controlled Substances Offenses

Select all applicable convictions.

Select all applicable convictions.

Number of Convictions

Applicant Type
Ownership Interest
Business Principal Ownership Structure
Individual Ownership Interest & Sole Control Selection
New York Presence for Sole Control
Justice Involved Ownership
Qualifying Businesses for JI Owners
Qualifying Businesses
Non-Profit Presence in NYS
Qualifying Non-Profit Eligibility
Justice Involved - Nonprofit
Qualifying Nonprofit
Qualifying Nonprofit (Social Enterprise)
Applicant Overview
Geographic Preference
True Parties of Interest
True Parties of Interest (All Businesses)
True Parties of Interest (All Individuals)
Financial Institutions and Financiers
Authorized Person
Trade Secret
Primary Contact
Serving Process
Attestation
Payment

Justice Involved Owner(s) cont.

DRAFT SUBJECT TO CHANGE
### Justic-Inolved Owner Detail 1

**Address:**
- City: New York
- Street: 123 Main St
- Zip: 12345
- State: NY
- Country: United States (US)
- Phone Number: 555-555-5555

**Residential Address at Time of Incident:**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Suffix</th>
<th>Middle Name</th>
<th>City</th>
<th>Street 1</th>
<th>Street 2</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faith</td>
<td>Test</td>
<td></td>
<td></td>
<td>Albany</td>
<td>123 Main St</td>
<td></td>
<td>12205</td>
</tr>
</tbody>
</table>

**Name of the Convicted Individual:**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Suffix</th>
<th>Middle Name</th>
<th>City</th>
<th>Street 1</th>
<th>Street 2</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**Please provide proof of residency that is dated from the relative time of the conviction for the marihuana-related offense.**

- Lease Agreement, Mortgage Payment, or Property Tax Statement
- Bank or Credit Card Statement
- Utility Bill (e.g., electric, gas, internet, cable, water, trash/recycling)
- State or federal tax filing or return, with proof of filing, including e-filing acknowledgements from a state or federal agency
- Learner’s Permit
- Non-Driver ID Card
- Driver’s License
- State’s Driver’s ID Card
- U.S. Passport
- Passport (if submitted by non-U.S. citizen)
- Social Security Card
- Temporary Social Security Card
- U.S. Immigration Card (if applicable)
- Certificate of Naturalization (if applicable)
- Certificate of Citizenship (if applicable)
- Certificate of Alien Registration (if applicable)
- Certificate of Eligibility for naturalization (if applicable)
- Certificate of Baylor or naturalization
- Certificate of Re-Registration (if applicable)
- Certificate of Registration (if applicable)
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Justice Involved Owner Detail 2

**Name of the convicted individual:**

First Name:

Middle Name:

Last Name:

Suffix:

**Relationship of the above-named justice-involved owner to the applicant:**

Self

Parent

Other (parent, spouse, dependent, guardian, child)

**Name of the owner convicted at the time of the incident if different from current legal name:**

First Name:

Middle Name:

Last Name:

Suffix:

**Year of Incident:**

**Residential Address at Time of Incident:**

City:

State:

Zip:

**Select the file to upload:**

**Supporting documents may include but are not limited to:**

- A Governor's Commutation letter;
- A post-conviction CPL-440 Motion to vacate a criminal conviction or to re-open a criminal case;
- Submitted Application to Destroy Expunged Marihuana Conviction Record;
- Notarized attorney letters that indicate the existence of a conviction;
- Health records that indicate the existence of a conviction;
- An arrest record that indicates the existence of a conviction;
- Any other evidence that reasonably indicates the existence of a criminal conviction may be admissible as evidence thereof;
- Any document or record prepared by, or under the direction of, the court in which the conviction was entered that indicates the existence of a conviction;
- A docket entry from court records that indicates the existence of a conviction;
- A record of plea, verdict and sentence;
- A record of judgment and conviction;
- A Certificate of Disposition;
- A record of pleading not guilty;
- Any other proof of residency as determined by the Office

Other (if any):

**Description for Any Other:**

Supporting documents may include but are not limited to:

- A letter addressed to the convicted individual from any government entity; or
- A letter from a charitable organization that provided services to the convicted individual that attests to the individual’s residency;
- A jury summons, court order, or other official document from a court;
- A statement, bill, or record from a health institution or insurance company;
- Employment offer or notice of pay that shows an employer provided housing, including the address of the housing;
- Pay Stub(s);
- Bank or Credit Card Statement;
- State or federal tax filing or return, with proof of filing, including e-filing acknowledgements from a state or federal agency;
- Non-Driver ID Card;
- A copy of a lease or rental agreement;
- A docket entry from court records that indicates the existence of a conviction;
- A record of plea, verdict and sentence;
- A record of judgment and conviction;
- A Certificate of Disposition;
- A record of pleading not guilty;
- Any other proof of residency as determined by the Office

**Description for Any Other:**

Save & Continue
Justice Involved Owner Detail 3

**Name of the Convicted Individual**

First Name: [Name]
Middle Name: [Middle Name]
Last Name: [Last Name]
Suffix: [Suffix]

**Date of Incident**

Year: [Year]

Submit Application to Destroy Expunged Marihuana Conviction Record; Acknowledgement of Application to Destroy Expunged Marihuana Conviction Record (DCJS); Notarized attorney letters that indicate the existence of a conviction; Health records that indicate the existence of a conviction; A police file that indicates the existence of a conviction; Any document or record prepared by, or under the direction of, the court in which the conviction was entered that indicates the existence of a conviction; In an unsealed case, any evidence that is an arrest record; Minutes of a court proceeding or a transcript of a hearing that indicates the existence of a conviction; The convicted individual DID NOT have permanent housing at the time of the incident.

**Residential Address at Time of Incident**

City: [City]
State: [State] Zip: [Zip]

Please provide proof of residency that is dated from the relative time of the conviction for the marihuana-related offense. Supporting documents may include but are not limited to:

- Learner’s Permit
- IDNYC Card
- Driver’s License
- State or federal tax filing or return, with proof of filing, including e-filing acknowledgements from a state or federal agency;
- Letter from a charitable organization that provided services to the individual that attests to the individual’s residency;
- Letter from a domestic violence (DV) residential care program or organization that serves DV survivors;
- Jury summons, court order, or other official document from a court; Statement, bill, or record from a health institution or insurance company;
- Employment offer or notice of pay that shows an employer provided housing, including the address of the housing;
- Letter addressed to the applicant from a non-profit organization or religious institution that provides services to homeless individuals;
- State or federal tax filing or return, with proof of filing, including e-filing acknowledgements from a state or federal agency;
- Lien on the individual’s housing property or the property where the individual resided at the time of the incident;
- Driver’s License.

**Other (parent, spouse, dependent, guardian, child)**

Please provide proof that the applicant was a guardian, dependent, spouse, parent, or child of someone who was convicted of a marihuana-related offense.

Please note that the above evidence is not exhaustive; the supporting documents will vary based on the individual’s circumstances. You must provide a document from the temporary housing establishment that is dated from the time of the incident.

**Title:** [Title]

**Phone Number:** [Phone Number]

**Relationship of the Above-Named Justice-Involved Owner to the Applicant:**

Self, Parent, Spouse, Dependent, Guardian, Child

**Ownership Percentage:** [Percentage]

**Year of Incident:** [Year]

The supporting documents must include cannabis/marihuana/concentrated cannabis (hashish) in the accusatory instrument. The selection below will require a corresponding upload.

2022/09/30

TEN OF NEW YORK STATE ANTI-MARIHUANA CONSUMPTION ACT

PL 220.03 Criminal Possession of a Controlled Substance in the Seventh Degree

The above evidence indicates the existence of a conviction. The evidence used to prove this conviction is not exhaustive; the supporting documents will vary based on the individual’s circumstances.

Supporting documents may include but are not limited to:

- Learner’s Permit
- IDNYC Card
- Driver’s License
- State or federal tax filing or return, with proof of filing, including e-filing acknowledgements from a state or federal agency;
- Letter from a charitable organization that provided services to the individual that attests to the individual’s residency;
- Letter from a domestic violence (DV) residential care program or organization that serves DV survivors;
- Jury summons, court order, or other official document from a court; Statement, bill, or record from a health institution or insurance company;
- Employment offer or notice of pay that shows an employer provided housing, including the address of the housing;
- Letter addressed to the applicant from a non-profit organization or religious institution that provides services to homeless individuals;
- State or federal tax filing or return, with proof of filing, including e-filing acknowledgements from a state or federal agency;
- Lien on the individual’s housing property or the property where the individual resided at the time of the incident;
- Driver’s License.
Justice Involved Owner Detail 4

Name of the Convicted Individual

First Name

Middle Name

Last Name

Suffix

Year of Incident

Please provide the primary residential address of the individual who was convicted of a marihuana-related offense at the time of the arrest or conviction, including supporting documentation.

Residential Address at Time of Incident

The convicted individual

Residential Address at Time of Incident

Please provide a document from the temporary housing establishment dated from the time of the incident.

Temporary Housing dwelling

Supporting documents may include but are not limited to:

- Driver's License
- Non-Driver ID Card
- IDNYC Card
- Learner's Permit
- State or federal tax filing or return, with proof of filing, including e-filing acknowledgements from a state or federal agency
- Utility Bill (e.g. electric, gas, internet, cable, water, trash/recycling)
- Bank or Credit Card Statement
- Letter from a public housing authority addressed to applicant
- Letter from a homeless shelter indicating the applicant resided at the homeless shelter (must be from time of temporary residency)
- Letter addressed to the applicant from a non-profit organization or religious institution that provides services to homeless individuals
- Pay Stub(s)
- Employment offer or notice of pay that shows an employer provided housing, including the address of the housing
- Statement, bill, or record from a health institution or insurance company
- Jury summons, court order, or other official document from a court
- Letter from a domestic violence (DV) residential care program or organization that serves DV survivors
- Letter from a charitable organization that provided services to the convicted individual that attests to the individual's residency
- Document evidence to the correct individual and any government awarding or

Other proof of residency that is dated from the relative time of the conviction for the marihuana-related offense.
Qualifying Business Requirement

The applicant must satisfy the qualifying business requirement to be eligible for CAURD.

To satisfy the qualifying business requirement:
- The individual with sole control and 30% ownership of the applicant, must currently hold or have held in the past for a minimum of two years, at least 10% ownership interest in, and have exercised control over, a qualifying business; and
- that business must have had a net profit for at least 2 years during the time that the individual held the ownership interest in the business.

Business Owners (Individuals)

Title: Member
Name: Faith Test
Address: 123 Main St
Albany, NY 12205
Albany
United States (US)
Phone Number: 555-555-5555
Ownership Percentage: 50

Please confirm that this individual satisfies the qualifying business requirement.
Qualifying Businesses

The applicant must satisfy the qualifying business requirement to be eligible for CAURD.

Does the individual with sole control and 30% ownership of the applicant currently hold or has this individual held in the past, for a minimum of two years, at least 10% ownership interest in, and exercised control over, a qualifying business for at least two years?

Yes  No

Did this qualifying business have net profits for at least 2 years while the individual with sole control over the applicant held their ownership?

Yes  No

In the table below enter the information about each qualifying business for the above named owner.

### Qualifying Business Name

<table>
<thead>
<tr>
<th>Business Name</th>
<th>FEIN/SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

There are no rows to display.

+ Add Qualifying Business

Tip Box:
For more information on the CAURD qualifying business criteria and acceptable documentation please visit cannabis.ny.gov/licensing.
Qualifying Business

Title: Member
Name: Faith Test
Address: 123 Main St
Albany, NY 12205
Albany
United States (US)
Phone Number: 555-555-5555
Ownership Percentage: 50

Did this qualifying business have a net profit for at least 2 years?
- Yes
- No

What percentage of the qualifying business did the above-named individual own?

What was the largest number of W2 employees on the qualifying business's payroll when the above-named individual was an at least 10% owner?

How many years did the business operate while the above-named justice-involved individual was an at least 10% owner?

Upload two years of state, federal, or city tax documents from when the above-named qualifying business had a positive net profit and the above-named justice-involved individual was an at least 10% owner.

Was the qualifying business denied a bank loan in its first two years of operation while the above-named justice-involved individual was an owner?
- Yes
- No

Did the above-named qualifying business have retail operations selling goods directly to the consumer while the above-named justice-involved individual was an at least 10% owner?

Did the above-named qualifying business have a physical location where the customers have visited while the above-named justice-involved individual was an at least 10% owner?

Did this qualifying business have a net profit for at least 2 years?
- Yes
- No

Was the qualifying business denied a bank loan in its first two years of operation while the above-named justice-involved individual was an owner?

Please enter the year the bank loan was denied to the qualifying business.

Please provide proof of operating at the location, such as utility bill, rental agreement, title or deed to property.

Did the justice-involved owner of the qualifying business, or the qualifying business itself, have an uncleared tax lien against its assets or its property?
- Yes
- No

Describe

Select file to upload

Describe the operations of the qualifying business.

Does your qualifying business primarily fall under one of these business categories?
- Restaurants or Hospitality Service
- Retail Goods
- Personal Services
- Business Services
- Other – please describe

Describe Other

Describe the applicant's interest in the qualifying business.
Nonprofit Presence in NYS

☐ I attest that
- The qualifying nonprofit organization affiliated with the CAURO applicant is incorporated or otherwise organized under the laws of New York State OR
  - The majority of board members of the nonprofit organization that qualifies under the CAURO eligibility criteria are residents of New York State by being physically present in the state no less than 180 calendar days during the current year or 540 calendar days over the course of three years, OR
- The applicant has its principal corporate location in New York State. The principal corporate location is where a corporation's officers direct, control, and coordinate the corporation's activities. This is also referred to as the location of the books and records for the business.

The Office reserves the right to ask the applicant to submit additional documentation to verify this attestation.
Qualifying Nonprofit Eligibility

One of the following three questions must be yes:

1. Was the qualifying nonprofit organization affiliated with the applicant a recognized 501(c)(3) organization by the Internal Revenue Service as of January 1, 2022?
   - Yes
   - No

2. Was the qualifying nonprofit organization affiliated with the applicant a recognized 501(c)(3) organization as of January 1, 2022?
   - Yes
   - No

3. Was the qualifying nonprofit organization affiliated with the applicant a wholly-owned subsidiary of a 501(c)(3) organization?
   - Yes
   - No

Upload a copy of the qualifying nonprofit organization's IRS determination letter.

Please provide the following information, or upload a file explaining how the nonprofit served formerly incarcerated individuals:

- [Select file to upload]

Did the qualifying nonprofit organization affiliated with the applicant have a history of creating vocational opportunities for formerly incarcerated individuals, including justice-involved individuals, before January 1, 2022?
   - Yes
   - No

Please provide a description or upload a file explaining how the nonprofit served formerly incarcerated individuals.

Select the justice-involved member from your business profile:

- Joe Smith
- John Doe
- Jane Doe
- John Smith
- Mary Johnson

Was the qualifying nonprofit organization affiliated with the applicant a recognized 501(c)(3) organization by the Internal Revenue Service as of January 1, 2022?
   - Yes
   - No

Upload a copy of the qualifying nonprofit organization’s federal or state tax filings for the qualifying two years.

Upload a copy of the qualifying nonprofit organization’s IRS determination letter.

Did the qualifying nonprofit organization affiliated with the applicant have at least five full-time employees as of January 1, 2022?
   - Yes
   - No

Full-time employees do not include volunteers, seasonal, or part-time employees.

Determine if the qualifier nonprofit organization affiliated with the applicant has at least five full-time employees as of January 1, 2022.
   - Yes
   - No

An arrest or conviction for a felony offense that ultimately led to a conviction for another offense, such as non-violent offenses, violation, or misdemeanor, by means of a plea deal or other mechanism.

Does the qualified nonprofit organization affiliated with the applicant have a justice-involved board member, officer, or committee member?
   - Yes
   - No

For more information on the CAURD eligibility criteria for nonprofit organizations, please visit cannabis.ny.gov/licensing.
### Justice-Involved - Nonprofit

#### Qualifying Conviction Details

<table>
<thead>
<tr>
<th>Year of Incident</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PL 220 Controlled Substances Offenses, PL 240.36 Loitering in the First Degree</td>
<td>• An arrest for one of the above marihuana-related offenses that ultimately led to a conviction for a non-drug offense, violation, or misdemeanor supported by documentation corresponding upload. The applicant must submit at least one piece of acceptable documentation to provide proof of the marihuana-related offense. Please note each selection below will require a corresponding upload.</td>
</tr>
<tr>
<td>PL 221.05 Unlawful Possession of Marihuana in the Second Degree</td>
<td>Note that for the following charges, Cannabis/Marihuana/Concentrated Cannabis (hashish) MUST BE in the accusatory instrument.</td>
</tr>
<tr>
<td>PL 221.10 Unlawful Possession of Marihuana in the First Degree</td>
<td>Continued</td>
</tr>
<tr>
<td>PL 221.15 Criminal Possession of Marihuana in the Fourth Degree</td>
<td>Continuation</td>
</tr>
<tr>
<td>PL 221.20 Criminal Possession of Marihuana in the Third Degree</td>
<td>Continued</td>
</tr>
<tr>
<td>PL 221.25 Criminal Possession of Marihuana in the Second Degree</td>
<td>Continuation</td>
</tr>
<tr>
<td>PL 221.35 Criminal Sale of Marihuana in the Fifth Degree</td>
<td>Continuation</td>
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<tr>
<td>PL 221.40 Criminal Possession of Marihuana in the Third Degree</td>
<td>Continuation</td>
</tr>
<tr>
<td>PL 221.45 Criminal Sale of Marihuana in the Third Degree</td>
<td>Continuation</td>
</tr>
<tr>
<td>PL 221.50 Criminal Sale of Marihuana in the Second Degree</td>
<td>Continuation</td>
</tr>
<tr>
<td>PL 221.55 Criminal Sale of Marihuana in the First Degree</td>
<td>Continuation</td>
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<tr>
<td>PL 221.60 Criminal Possession of Controlled Substance</td>
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<tr>
<td>PL 221.65 Criminal Possession of Controlled Substance</td>
<td>Continuation</td>
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<tr>
<td>PL 221.70 Criminal Sale of Controlled Substance</td>
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<tr>
<td>PL 222.05 Intent to Manufacture, Sell, or Dispense Marihuana</td>
<td>Continuation</td>
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<td>PL 222.15 Intent to Manufacture, Sell, or Dispense Marihuana</td>
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<td>PL 222.20 Intent to Manufacture, Sell, or Dispense Marihuana</td>
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<td>PL 222.75 Intent to Manufacture, Sell, or DispenseMarihuana</td>
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<td>PL 222.80 Intent to Manufacture, Sell, or DispenseMarihuana</td>
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<td>PL 222.85 Intent to Manufacture, Sell, or DispenseMarihuana</td>
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<td>PL 222.90 Intent to Manufacture, Sell, or DispenseMarihuana</td>
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<td>PL 222.95 Intent to Manufacture, Sell, or DispenseMarihuana</td>
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<tr>
<td>PL 223.15 Intent to Manufacture, Sell, or DispenseMarihuana</td>
<td>Continuation</td>
</tr>
</tbody>
</table>

#### Any Other Information

- A Certificate of Disposition
- A record of judgment and conviction
- A record of plea, verdict, and sentence
- A copy of the actual record on file that indicates the existence of a conviction;
- A transcript of a trial proceeding or an affirmation that indicates the existence of a conviction;
- A statement of conviction prepared by the court in which the conviction was entered, or by the district attorney associated with the original conviction record, that indicates the existence of the conviction and indicates the date of conviction, the disposition, and the sentence;
- Any other information verifying a conviction as approved by the Office.

---

[Submit Application] [Save & Continue]
Qualifying Nonprofit

Did any law firm, counsel, or consultant assist with this application?

[ ] No

[ ] Yes

If yes, please upload any contracts, agreements or other related documentation.

[ ] No

[ ] Yes

Select file to upload:

What proportion of the qualifying nonprofit organization's revenues are reinvested into programming?

[ ] Less than 25%

[ ] 25 - 50%

[ ] 50 - 75%

[ ] 75 - 95%

[ ] 95% or more

Please describe the services provided.

[ ] Other

[ ] None

If the applicant entered into an agreement with any person that relate to the control structure, assets, liabilities, real or intellectual property, revenue, funding or other similar matters, is there any evidence of such relationship(s) exist, this question is not required.

[ ] No

[ ] Yes

If yes, please describe.

[ ] None

[ ] Other

Please upload the most recent IRS Form 990 or Form 990-N for the qualifying nonprofit organization affiliated with the applicant.

Select file to upload:

Has the applicant made any charitable contributions in the last five years?

[ ] No

[ ] Yes

If yes, please upload:

Does the applicant have a copy of audited financial statements for the fiscal year ending one year prior to the date the application is submitted?

[ ] No

[ ] Yes

If yes, please upload:

Does the applicant hold any stocks, mutual funds or bonds?

[ ] No

[ ] Yes

If yes, please upload:

Does the qualifying nonprofit organization affiliated with the applicant, any of its holding, parent, or management companies, ever received or resolved any violations, penalties, fines or fees assessed against them or had any business combinations, or consolidations involving another party that relates to the control structure, assets, liabilities, real or intellectual property, revenue, funding or other similar matters?

[ ] No

[ ] Yes

If yes, please upload:

Has the 501(c)(3) status of the qualifying nonprofit entity affiliated with the applicant previously been revoked or suspended? (include any other state or jurisdiction)

[ ] No

[ ] Yes

If yes, please upload:

Was the qualifying nonprofit organization affiliated with the applicant providing direct services to its client population before January 1, 2022?

[ ] No

[ ] Yes

If yes, please upload:

Did the applicant receive any compensation for their services to the client population for the fiscal year ending one year prior to the date the application is submitted?

[ ] No

[ ] Yes

If yes, please upload:

Did the applicant make any charitable contributions in the last five years?

[ ] No

[ ] Yes

[ ] None

[ ] Other

Did the applicant or any of its holding, parent or management companies, ever received or resolved any violations, penalties, fines or fees assessed against them or had any business combinations, or consolidations involving another party that relates to the control structure, assets, liabilities, real or intellectual property, revenue, funding or other similar matters?

[ ] No

[ ] Yes

If yes, please upload:

Has the qualifying nonprofit organization affiliated with the applicant, or any licensees, affiliates, subsidiaries or other companies related to the applicant or qualifying nonprofit organization, ever been associated with the CAURD license?

[ ] No

[ ] Yes

If yes, please upload:

Has the applicant ever or is any of its holding, parent or management companies, ever received or resolved any violations, penalties, fines or fees assessed against them or had any business combinations, or consolidations involving another party that relates to the control structure, assets, liabilities, real or intellectual property, revenue, funding or other similar matters?

[ ] No

[ ] Yes

If yes, please upload:

Did the applicant make any charitable contributions in the last five years?

[ ] No

[ ] Yes

Did the applicant enter into any agreement with any person that are contained in those agreements.

[ ] No

[ ] Yes

If yes, please upload:

Please upload a description of the services provided.

[ ] Other

[ ] None

If the applicant does not currently have a management service agreement or similar arrangement with another party that is not required. If you do not have the information or related documentation, this question is not required.

[ ] No

[ ] Yes

If yes, please upload:

Upload a copy of an official decision letter from the regulating agency and/or the action. The Office may inquire for additional information.

[ ] No

[ ] Yes

If yes, please upload:

np - Qualification

DRAFT SUBJECT TO CHANGE

20 / 38
Qualifying Nonprofit (Social Enterprise)

Did the social enterprise operated by the qualifying nonprofit organization have retail operations selling directly to consumers?

Yes  No

Did the social enterprise operated by the qualifying nonprofit organization have a physical retail location where customers could visit?

Yes  No

Please provide proof of operating at the location, such as utility bill, rental agreement, title or deed to property.

Choose a File:

Did the social enterprise operated by the qualifying nonprofit organization employ people who were formerly incarcerated?

Yes  No

Consider all years the social enterprise operated. During any one year, what was the largest number of employees who worked for the social enterprise?

Please provide proof in the form of tax documents, such as a W3 form, receipts from insurance or health care, or similar documentation.

Choose a File:

Excluding in-kind expenses, what was the net revenue of the social enterprise for its most recent profitable year?

Please provide an upload of tax documentation, audited or certified financial statements, or other acceptable proof.

Choose a File:

Does the social enterprise operated by the qualifying nonprofit organization reinvest revenue into its community?

Yes  No

Upload supporting documentation or provide a description of the investments size and scope or describe here.

Choose a File:

How many years has the qualifying nonprofit operated the social enterprise?

years

Note: The Office reserves the right to request supporting documentation for any above questions

Choose a File:

Back  Save & Continue
Applicant Overview

Has the applicant or does the applicant intend to apply for New York State certified Minority Owned Business, Women Owned Business, Minority Women Owned Business or Service Disabled Veteran Owned Business status?

Yes No

Update

Upload certificate or proof of certification.

Select file to upload: Choose a File

Upload the applicant's most up-to-date organizational documents.

Select file to upload: Choose a File

Describe any and all ownership changes between the formation of the applicant and the date the application is submitted.

Select file to upload: Choose a File

Upload an organizational chart indicating the first name, last name, and name of position within the organization of all persons who have decision-making authority, control and management over the applicant entity or its assets, including any board members, officers, and directors of the entity and any parent, holding, management companies, or trustees of the applicant.

Select file to upload: Choose a File

Please list all subsidiary companies, affiliate companies, predecessors, and successors of the applicant including information or diagrams explaining how the subsidiary and affiliate companies, predatorware companies, and successors are related to the applicant. If no such relationship exists, this question is not required.

Select file to upload: Choose a File

Upload a copy of any management agreement, contract, arrangement, or other type of formal understanding between a contractor and an applicant where the contractor will or does provide administrative, operational, financial, advisory, and/or management services to an applicant in exchange for remuneration and a list of all the parties that are contained in those agreements.

Select file to upload: Choose a File

Upload a list of each vendor with which the applicant has entered into a contract, term sheet agreement, or side letter. Include the business entity name of the vendor and a description of the agreement or arrangement for goods and services.

Select file to upload: Choose a File

Did you enter into an agreement with any person who was granted a financial interest in the applicant's business?

Yes No

Provide a description of the financial interest or upload a summary.

Select file to upload: Choose a File

Upload a copy of each agreement between the applicant and any person with a financial interest in the applicant's business as described above.

Select file to upload: Choose a File

What is your plan in case the applicant, owners, or True Parties of Interest decide to leave the business, there is a material change in the applicant's ability to operate the business, or the applicant becomes otherwise unable to operate the business?

Select file to upload: Choose a File

Did any firm, counsel, or consultant assist you with this application?

Yes No

Total Provisions of Law (Some information will not apply to your application)

Review in list view

+ Add Assistance
Applicant Overview (page 2)

DRAFT SUBJECT TO CHANGE

Applicant Overview

Applicant Type
Ownership Interest
Business Principal Ownership Structure
Individual Ownership Interest & Sole Control Selection
New York Presence for Sole Control
Qualifying Businesses for JI Owners
Qualifying Businesses
Non-Profit Presence in NYS
Qualifying Nonprofit Eligibility
Justice Involved - Nonprofit
Qualifying Nonprofit (Social Enterprise)

Applicant Overview

Geographic Preference
True Parties of Interest (All Businesses)
True Parties of Interest (All Individuals)
Financial Institutions and Financiers
Financial Disclosure
Trade Secrets
Primary Contact
Serving Process
Authorized Person
Under 21
Attestation
Payment

Applicant Overview

Has the applicant or any of its holding, parent, or management companies if applicable, ever received or resolved any violations, penalties, fines or fees assessed against them or had any license, registration, or permit cancelled, denied, suspended, revoked or otherwise sanctioned?

Yes
No

Choose a File:

Did the applicant make any charitable contributions in the last five years?

Yes
No

Choose a File:

Does the applicant hold any stocks, mutual funds or bonds?

Yes
No

Upload summary of stocks, mutual funds, and bonds held by the applicant.

Does the applicant have a copy of audited financial statements for the fiscal year ending one year prior to the date the application is submitted?

Yes
No

Upload a copy of the applicant's audited financial statements for the fiscal year ending one year prior to the date the application is submitted.

Is there any proposed or executed contract, term sheet, agreement, or side letter between the applicant or financier and another party that relates to the ownership and control structure, assets, liabilities, real or intellectual property, revenue, funding or capitalization, royalties, or profit, or future profit, of the applicant or proposed licensee or comparable documentation?

Yes
No

Upload if not previously uploaded.

Tip Box: Please upload a copy of an official decision letter from the regulating agency and/or an explanation of the circumstances surrounding the action. The Office may inquire for additional details if necessary.

Tip Box: Please upload a copy of an official decision letter from the regulating agency and/or an explanation of the circumstances surrounding the action. The Office may inquire for additional details if necessary.

Save & Continue
Geographic Preference

Please select up to five geographic regions, in order of preference, where the applicant would prefer to operate a CAURD license. Applicants will only be considered for one region at a time.

Preference 1
- Western NY
- Finger Lakes
- Southern Tier
- Central NY
- Mohawk Valley
- Capital Region
- Mid-Hudson
- Long Island
- North Country
- Bronx
- Manhattan
- Brooklyn
- Richmond
- Queens

Preference 2
- Western NY
- Finger Lakes
- Southern Tier
- Central NY
- Mohawk Valley
- Capital Region
- Mid-Hudson
- Long Island
- North Country
- Bronx
- Manhattan
- Brooklyn
- Richmond
- Queens

Preference 3
- Western NY
- Finger Lakes
- Southern Tier
- Central NY
- Mohawk Valley
- Capital Region
- Mid-Hudson
- Long Island
- North Country
- Bronx
- Manhattan
- Brooklyn
- Richmond
- Queens

Preference 4
- Western NY
- Finger Lakes
- Southern Tier
- Central NY
- Mohawk Valley
- Capital Region
- Mid-Hudson
- Long Island
- North Country
- Bronx
- Manhattan
- Brooklyn
- Richmond
- Queens

Preference 5
- Western NY
- Finger Lakes
- Southern Tier
- Central NY
- Mohawk Valley
- Capital Region
- Mid-Hudson
- Long Island
- North Country
- Bronx
- Manhattan
- Brooklyn
- Richmond
- Queens

Tip Box:
Applicants will be considered for their “Preference 1” region. Applicants will only be considered for their “Preference 2” region where there are more available licenses in a region than the number of applicants who have ranked such region as their first preference.

Regions are comprised of counties. Please identify your region in the map at the following link: https://esd.ny.gov/file/esd-regional-mapping. Please note New York City as a region has been subdivided into the five boroughs.
### True Parties of Interest

All True Parties of Interest (TPI) of the applicant must be entered. The following TPI should have already been entered into the application:

- Applicant's sole proprietor, partner (whether limited or general), member, manager, president, vice president, secretary, treasurer, officer, board member, trustee, director, and a person with equivalent title to each of the foregoing;
- stockholder of applicant or licensee, other than a passive investor (unless the passive investor is being used to meet the 51% justice-involved requirement);
- each person that makes up the ownership structure of each level of ownership for a multilevel ownership structure.

Please review to ensure that all necessary individuals and/or businesses that contribute to the above description of TPI have been entered. If you need to enter any of such additional TPI based on the above list that you have not done so yet please select the “Add New Business Owner Individual” or “Add New Business Owner Business” depending on whether the TPI are an individual or a business.

#### Additional True Parties of Interest (Business)

Enter all additional businesses that qualify as a True Party of Interest.

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Address</th>
<th>Contact Name</th>
<th>Contact Phone</th>
<th>Contact Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>MJ LLC</td>
<td>123 Main St</td>
<td>Joe Smith</td>
<td>555-555-5555</td>
<td><a href="mailto:joe.smith@abc.com">joe.smith@abc.com</a></td>
</tr>
</tbody>
</table>

Additional True Parties of Interest (Individual)

Enter all additional individuals that qualify as a True Party of Interest.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue Smith</td>
<td>123 Main St</td>
<td>555-555-5555</td>
<td><a href="mailto:sue.smith@abc.com">sue.smith@abc.com</a></td>
</tr>
</tbody>
</table>

The following persons and entities are also considered TPI and must be disclosed. Please enter all persons mentioned below in the table provided:

- person who has a right to receive some or all of the revenue, gross profit, or net profit from the applicant’s business during any full or partial calendar or fiscal year;
- person with a financial interest in the applicant or licensee;
- person that has authority to or exercises control over the applicant or licensee;
- person that has membership rights in the applicant or licensee in accordance with the provisions of any articles of incorporation, bylaws, limited liability corporation agreements, partnership agreements or operating agreements (to the extent not already disclosed);
- person that assumes responsibility for the debts of the applicant or licensee;
- spouse of any TPI that is of the following type: Applicant’s sole proprietor, partner, member, manager, president, vice president, secretary, treasurer, officer, board member, trustee, director; Stockholder of applicant or licensee, other than a passive investor, unless the passive investor is being used to meet the 51% justice-involved requirement; and each person that makes up the ownership structure of each level of ownership for a multilevel ownership structure.
True Parties of Interest (All Businesses)

CAURD LLC
123 Main St
50%

Business Contact Information

Name: [Enter Name]
Title: [Enter Title]
Phone: [Enter Phone]
Email: [Enter Email]

Is this business a part of a business entity that is recognized as a TPI on the application? If so then select the business and relationship:

Yes
No

Upload a complete copy of the Entity History Disclosure form for the entity listed at the top of this screen. The form is available at cannabis.ny.gov/licensing.

Select file to upload:

Upload a New York State Department of Tax and Finance Clearance Form for the entity listed at the top of this screen. The form is available at cannabis.ny.gov/licensing.

Select file to upload:

Does the applicant have any compensation agreements with this party, whether the agreement is directly with this party or indirect through an intermediate entity?

Upload if not previously uploaded

Does this party have any proposed or executed contract, term sheet, agreement, or side letter with the applicant or another party that relates to the ownership and control structure, assets, liabilities, real or intellectual property, revenue, funding or capitalization, repayment, or profit, or future profit, of the applicant or proposed licensee or comparable documents?

Upload if not previously uploaded with this party

Does the applicant have a management or service agreement with this party?

Yes
No

Please specify the type of agreement:

Choose a File

If not previously provided, please upload a copy of any management agreement, contract, arrangement, or other type of formal understanding between the party and an applicant where the contractor will or does provide administrative, operational, financial, advisory, and/or management services to an applicant in exchange for remuneration and a list of all the parties that are contained in those agreements.

Choose a File

Please list all subsidiary companies, affiliate companies, predecessors, and successors of the party including information or diagrams explaining how the subsidiary and affiliate companies, predecessor and successors are related to the party. If no such relationship(s) exist, this question is not required.

Select file to upload:

Is this entity a True Party of Interest on any other application or license issued by the Office of Cannabis Management? If yes please disclose the name of the applicant entity or the licensee.

Yes
No

Name of the applicant entity or the licensee:

Choose a File

A subsidiary company is a company that belongs to another company which is usually referred to as the parent company or the holding company. The parent holds a controlling interest in the subsidiary company.

A parent company is a company that has a controlling interest in another company or companies. This typically occurs when they spin-off or carve out subsidiaries, or through an acquisition or merger.

A compensation agreement guarantees that an individual or entity will receive compensation for certain actions. It can include compensation for an individual or entity getting paid as an employee, a commission for certain actions (as an employee, a commission for certain actions), or a retainer agreement for administrative, operational, financial, advisory, and/or management services to an applicant in exchange for remuneration and a list of all the parties that are contained in those agreements.

A management agreement is a contract between parties (the owner and the management company) which typically spells out the responsibilities, the administration, and management of services provided, and the compensation for these services.

A non-compete agreement.

A guarantor or co-signer.

A limited partner.

A general partner.

A partner.

A LLC manager.

A stockholder.

A subsidiary company.

A parent company.

HELP TIP:

A management agreement is a contract between parties (the owner and the management company) which typically spells out the responsibilities, the administration, and management of services provided, and the compensation for these services.

HELP TIP:

A non-compete agreement.

A limited partner.

A general partner.

A partner.

A LLC manager.

A stockholder.

A subsidiary company.

A parent company.

HELP TIP:

If you did not currently have this information this question is not required. Note that this must be provided before final approval.

HELP TIP:

A guarantor or co-signer.

A partner.

A LLC manager.

A stockholder.

A subsidiary company.

A parent company.

Tip Box:

A parent company is a company that has a controlling interest in another company or companies. This typically occurs when they spin-off or carve out subsidiaries, or through an acquisition or merger.

A subsidiary company is a company that belongs to another company which is usually referred to as the parent company or holding company. The parent holds a controlling interest in the subsidiary company.

Tip Box:

A compensation agreement guarantees that an individual or entity will receive compensation for certain actions. It can include compensation for an individual or entity getting paid as an employee, a commission for certain actions, or a retainer agreement for administrative, operational, financial, advisory, and/or management services to an applicant in exchange for remuneration and a list of all the parties that are contained in those agreements.
True Parties of Interest (All Individuals)

Name: Faith Test
Address: 123 Main St
Ownership Interest: 50%

Basis for ownership/nature of the position (check as many as applicable)
- President
- Director
- Stockholder
- Vice President
- Manager
- LLC Member
- Secretary
- Partner
- LLC Manager
- Treasurer
- General Partner
- Guarantor or Co-signer
- Chairman
- Limited Partner
- Officer
- Site Proprietor
- Joint Account Holder
- Trustee
- Right to Receive Profit or Revenue
- Right to Control Over the Applicant
- Right to Ownership
- Right to Investment
- Right to Compensation Arrangement
- Spouse of President, Vice President, Secretary, Treasurer, Chairman, Officer, Director, Manager, Partner, General Partner, Limited Partner, Site Proprietor, Stockholder, LLC Member, LLC Manager, Trustee
- Other (describe):

Describe other:

If this individual is part of a business entity that is recognized as a TPI, please select the business from the below list.
- CAURD LLC
- Bus Corp
- Other (describe)

Upload the front and back of a valid photo ID issued by a local, state or federal government.

Select file to upload: Choose a File

Upload a completed copy of the Personal Disclosure Questionnaire available at https://cannabis.ny.gov/licensing.

Select file to upload: Choose a File

Upload a New York State Department of Tax and Finance Clearance Form for the individual listed at the top of this screen. The form is available at cannabis.ny.gov/licensing.

Select file to upload: Choose a File

Does the applicant have any compensation agreements with this party, whether the agreement is directly with the party or indirectly through an intermediate entity?

Yes
No

Upload if not previously uploaded: Choose a File

Does this party have any proposed or executed contract, term sheet, agreement, or side letter with the applicant or another party that relates to the ownership and control structure, assets, liabilities, real or intellectual property, revenue, funding or capitalization, royalties, or profit, or future profit, of the applicant or proposed licensee or comparable documents?

Yes
No

Upload if not previously uploaded with this party: Choose a File

Does this party have any compensation agreements with the applicant or another party that relates to the ownership and control structure, assets, liabilities, real or intellectual property, revenue, funding or capitalization, royalties, or profit, or future profit, of the applicant or proposed licensee or comparable documents?

Yes
No

Upload if not previously uploaded: Choose a File

Is this individual a True Party of Interest on any other application or license issued by the Office of Cannabis Management? If yes please disclose the name of the applicant entity or the licensee.

Yes
No

Name of the applicant entity or the licensee:

Upload a New York State Department of Tax and Finance Clearance Form for the individual listed at the top of this screen. The form is available at cannabis.ny.gov/licensing.

Select file to upload: Choose a File
### Financial Disclosure

Please enter all cash, borrowed funds and expenses for the business. Enter any financial institution or financier that has provided funds. A financier provides capital as a gift, provided a grant, or loaned capital pursuant to a secured or unsecured financing agreement. A financier may not receive an ownership interest, control of the business, a share of revenue, gross profits or net profits, a profit sharing interest, or a percentage of the profits in exchange for a gift, grant or loan, unless the financier receives prior approval from the Office.

Please note any person who possesses an ownership interest, control of the business, a share of revenue, gross profits or net profits, a profit sharing interest, or a percentage of the profits in exchange for a gift, grant or loan is a True Party of Interest and must be entered on the True Party of Interest screens in this application.

Note: Financial institution means any bank, mutual savings bank, consumer loan company, credit union, savings and loan association, trust company, or other lending institution under the jurisdiction of the Department of Financial Services. A list of these institutions can be found on the Department of Financial Services financial institution portal: [https://myportal.dfs.ny.gov/web/guest-applications/who-we-supervise](https://myportal.dfs.ny.gov/web/guest-applications/who-we-supervise)

#### Cash

Please enter the cash on-hand

Cash includes funds on-hand that do not need to be repaid. For example, cash includes checking or savings accounts or gifted funds. Attach copies of bank statements or other financial documentation for EACH source of cash.

<table>
<thead>
<tr>
<th>Source of funds</th>
<th>Total Cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ Cash</td>
<td></td>
</tr>
</tbody>
</table>

#### Borrowed

Please enter the borrowed funds

Borrowed funds include funds that must be repaid. For example, borrowed funds includes loans, mortgages, lines of credit and promissory notes. Attach copies of agreements or other financial documentation for EACH source of borrowed funds.

<table>
<thead>
<tr>
<th>Source of funds</th>
<th>Total Cash</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ Borrowed</td>
<td></td>
</tr>
</tbody>
</table>

#### Expenses

Enter all actual or anticipated costs over the coming year. Common applicant expenses include costs related to preparing the CAURD application. Selected applicants will be able to update this field before final licensing.

<table>
<thead>
<tr>
<th>Type</th>
<th>Party</th>
<th>Total Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ Add Expense</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Investment: $$$$$$
Financial Disclosure

CASH

Source of Funds

Financier

Financial Institutions (Show all TPIs)

Other

Source of Funds

Is the financier an individual or an entity?

Individual

Entity

First Name

Last Name

Address line 1

Address line 2

City

Country

State

Zip Code

Total Cash Received To-Date

Total Cash Expected Over the Course of the Agreement:

Total Cash

If available, please upload a document describing the nature, type, terms, covenants and priorities in connection with the cash provided to open or operate the proposed conditional adult-use retail dispensary.

Select file to upload: Choose a File:

Upload financier cap table

Select file to upload: Choose a File:

Save Cancel
## Financial Disclosure

### EXPENSES

Enter all actual or anticipated costs over the coming year.

- **Actual**
- **Anticipated**

#### Name of Party in Agreement with Licensee

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faith</td>
<td>Test</td>
</tr>
</tbody>
</table>

- **Address line 1**: 123 N Main Ave
- **Address line 2**:

#### City
- **Albany**

#### Country
- **United States**

#### State
- **New York**

- **Zip Code**: 12205

#### Type of expense:
- **professional services and business services**
- **other**

#### Describe other:

#### Upload a copy of the agreement

- **Select file to upload**: Choose a File

#### Explain the nature of agreement

#### Estimated Expenses to Date

#### Estimated Total Expenses Over the Term of the Agreement (Including Expenses Paid to Date)

#### Total Expenses

#### Estimated Total Expense Over The Coming Year

---

### Payment

- **Serving Process**
- **Authorized Person**
- **Under 21**
- **Attestation**

---

### Financial Institutions and Financiers

### Trade Secrets

### Geographic Preference

### True Parties of Interest (All Businesses)

### True Parties of Interest (All Individuals)

### True Parties of Interest

### Applicant Overview

### Applicant Type

### Ownership Interest

### Business Principal Ownership Structure

### Individual Ownership Interest & Sole Control Selection

### New York Presence for Sole Control

### Justice Involved Owner(s)

### Non-Profit Presence in NYS

### Qualifying Businesses for JI Owners

### Qualifying Nonprofit Eligibility

### Qualifying Nonprofit

### Qualifying Nonprofit (Social Enterprise)

### Qualifying Businesses

### Qualifying Nonprofit Eligibility

### Justice Involved – Nonprofit

### Qualifying Business

### Qualifying Nonprofit (Social Enterprise)

### Applicant Overview

### Geographic Preference

### True Parties of Interest (All Businesses)

### True Parties of Interest (All Individuals)

### True Parties of Interest

### Financial Disclosure

### Trade Secrets

### Primary Contact

### Serving Process

### Authorized Person

### Under 21

### Attestation

### Payment

---

### Financial Disclosure EXPENSES

DRAFT SUBJECT TO CHANGE

---

Save & Continue
A trade secret is any practice or process of a company that is generally not known outside of the company. Information considered a trade secret gives the company a competitive advantage over its competitors and is often a product of internal research and development.

To be legally considered a trade secret in the United States, a company must make a reasonable effort in concealing the information from the public, and the secret must intrinsically have economic value. The economic value of the information can be actual or potential. Trade secrets are a part of a company's intellectual property. A trade secret is not publicly known.

Examples of trade secrets could include formulas, patterns, compilations, programs, devices, methods, techniques, processes, customer lists, and manufacturing processes.

**Competitive Advantage:**

Competitive advantage refers to factors that allow a company to produce goods or services better or more cheaply than its rivals. Competitive advantage is what makes a customer choose your business over another one. By understanding, and promoting such advantage, companies can win a greater amount of market share.

(Examples: team leadership, unique access to technology or production methods, a product that no-one else can offer, ability to produce and sell at a lower cost, brand and reputation.)

Do you have any trade secrets?

- **Yes**
- **No**

Please Describe

Tip Box:
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.

Please be aware that documents submitted to the Office are subject to potential 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.
Primary Contact Information

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

- Other

First Name*  Last Name*

Address line 1*

Address line 2

City*

Country*  State*

Zip Code*

Phone Number*

Email Address*

The Primary Contact will serve as the recipient of official communications from the office on questions related to the cannabis application.

Back  Save & Continue
Person upon whom process can be served

Select or enter the individual on whom service of process shall be made and who will accept such service of process should the applicant be issued a license.

This person will receive notice of hearings and orders pursuant to the Civil Practice Laws and Rules (article three), or other legal or compliance notices.

- Faith Test
- Joe Smith
- Sue Jones

Click here to add/update individuals to your ownership profile
Person Submitting 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).

One of the above-titled individuals must be the person submitting this application. If the person filling out this application is not listed below, please go back to the Business Profile “Ownership Information” and enter their information.

Select the authorized person for this application

- Faith Test
- Joe Smith
- Sue Jones

Click here to add/update individuals to your ownership profile

For the individual selected above:

Please ensure the name selected above exactly matches the drivers license or other form of valid ID issued by a state, local or federal government uploaded below.

Upload the front of a valid photo ID issued by a local, state or federal government

Select file to upload: Choose a File:

Upload the back of a valid photo ID issued by a local, state or federal government

Select file to upload: Choose a File:
21 Years of Age or Older Requirement

NO PERSON UNDER THE AGE OF 21 IS ALLOWED TO OWN OR HAVE AN INTEREST IN ANY ADULT-USE CANNABIS LICENSE.

☐ I understand that each principal of the business applying MUST be 21 years of age or older.

All owners of the applicant are required be at least 21 years of age. You may not continue with this application because the business principal(s) listed below is under 21 years of age.

Title: Member
Name: Faith Test
DOB: 07/05/2003
Address: 123 Main St
Albany, NY 12205
Albany
United States (US)
Phone Number: 555-555-5555
Ownership Percentage: 50
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 an owner of the applicant (if a partnership).

The authorized person must initial each attestation 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 application or attach to the form the facsimile signatures and submit a copy with this application. An application for a partnership will not be considered without the signatures of all partners.

I, [Last Name] on the application (if an individual), a managing member of the applicant (if a limited liability company), an officer of the applicant (if a corporation), or an owner of the applicant (if a partnership), (and hereby title) and agree to the following conditions of this license. I understand that if I fail to follow these conditions, this license may be revoked. I also agree that failure to follow these conditions may prevent the validity of the entity or any leasing or subleasing of any interest or any other license in the future.

I, the applicant, will not sell any cannabis in any other disallowed form as determined by the Office.

I, the applicant, attest that the submitted application is complete and accurate.

I, the applicant, will submit to the jurisdiction of the courts of New York State and that the application is subject to all state laws, local laws and regulation of New York State.

I, the applicant, will not sell any cannabis products to anyone under 21 years of age.

I, the applicant, will not give away any cannabis product as a gift in New York State.

I, the applicant, will only acquire cannabis products from entities authorized to distribute cannabis products in New York State.

I, the applicant, will comply with all applicable state and local laws, regulations and guidance regarding the activities in which it intends to engage under the business or permit, and acknowledges that the Office may randomly select a cannabis retail licensee database to ensure products available for sale in New York State comply with the applicable state regulations and the Office may periodically sample, analyze, and test cannabis products distributed within the state for compliance.

I, the applicant, upon being granted a license agrees to maintain the minimum ownership and control requirement of the license and noncompliance shall be deemed a surrender of the license.

I, the applicant, has entered or agrees to enter into a labor peace agreement with a bona fide labor organization and understands that the maintenance of such a labor peace agreement shall be an ongoing material condition of the business.

I, the applicant, will exercise reasonable care to confirm the information and the ability of each partner on the application to meet the requirements as set forth in the regulations for each true party of interest.

I, the applicant, will provide the Office a complete disclosure that includes all true parties of interest and that each individual who is a true party of interest is at least 21 years old.

I, the applicant, will not attempt to conceal or disguise ownership or other control over its operations in its submissions.

I, the applicant, will comply with Section 137 of New York State Cannabis Law. A comprehensive list of offenses that could preclude the individual from licensure can be found on our website.

I, the applicant, agrees to comply with all applicable state and local laws, regulations and guidance for labor peace agreements.

I, the applicant, attests that, if it is a partnership, each of its partners are US citizens or permanent residents and one-half or more of the directors are US citizens or permanent residents.

I, the applicant, will register with the New York State Department of Taxation and Finance for the purpose of adult-use cannabis registration and, if applicable, a certificate of authority if the applicant is granted a license.

I, the applicant, will indemnify and hold harmless New York State for any and all civil or criminal penalties that result from getting a conditional adult-use dispensary license.

I, the applicant, will submit any other information that the Office may require.

I, the applicant, agrees to commence operation no later than 18 months from the date the license is granted.

I, the applicant, agrees to cease operations no later than 18 months from the date the license is granted.

I, the applicant, and true parties of interest agree to limit their financial or controlling interests to no more than three conditional adult-use dispensary licensees issued.

I, the applicant, and any true parties of interest agree to only use their license for an adult-use dispensary and shall not hold any interest in any business authorized for the cultivation, processing, or distribution of adult-use cannabis, or a cannabis testing laboratory.

I, the applicant, will ensure that its true parties of interest are of good moral character.

In the event that the applicant wants to cease operation of all licensed activities or to change its true parties of interest with the conditional period, the applicant agrees to follow the regulations and procedures set out by the Board.

I agree to accept the location of my dispensary should it be designated or re-designated by the Office.

I, the applicant, understands that failure to comply with the conditions and special terms and conditions of the license may result in the Office assessing a penalty in addition to the surrender of the license.
## 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

### Payment

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