

90 Ohi:yo' Way  
Salamanca, NY 14779



Telephone: (716) 945-1790 Ext. #3039  
Email: SNCannabisDept@sni.org

**HEMP PRODUCER APPLICATION**

**Guidelines and Instructions:**

- ❖ The Seneca Nation is administering the Hemp Licensing Program as authorized by the Seneca Nation Hemp Production Ordinance.

<input checked="" type="checkbox"/>	<b>Items to be submitted:</b>	<b>Notes:</b>
<input type="checkbox"/>	1. Application: New & Renewals (pages: 1,2,3,4, [page 5, *If material changes, make appointment with GIS], 6 & 7.)	<i>Online or Hard Copy</i>
<input type="checkbox"/>	2. Federal Criminal Background Check: <input type="checkbox"/> a. Applicant; and <input type="checkbox"/> b. Key Participant(s) -- <i>[where applicable]</i>	<i>Scanned or Hard Copy</i>
<input type="checkbox"/>	3. Application Fee: \$400.00 ( <i>non-refundable</i> ) *Payable to: Seneca Nation Cannabis Dept.	<i>Check or Money Order: *\$35.00 Returned Check Fee</i>
<input type="checkbox"/>	4. Additional Required Documents: <input type="checkbox"/> Location ID Form(s) <input type="checkbox"/> Copy of Deed/Lease: must have legal land description *Renewals – only if material changes to deed/lease <input type="checkbox"/> Copy of Seneca Nation Business License <input type="checkbox"/> Pesticides Non-use Statement or Copy of Seneca Nation Pesticides Use Permit <input type="checkbox"/> Seneca Nation Environmental Impact Assessment *Renewals – only submit if material changes to Location ID.	<i>Contact the Cannabis Department for clarification or for assistance.  *Renewals – updated copy of Seneca Nation Business License and updated Pesticide Non-use Statement or Seneca Nation Pesticides Use Permit must be submitted.</i>
<input type="checkbox"/>	5. Attachments ( <i>as necessary</i> )	<i>For example: Key Participants, Pesticide Statement, etc.</i>

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**Guidelines and Instructions (continued):**

- The Applicant is the individual or business that will serve as the Hemp Producer.
  - Applications must be complete, accurate, and legible.
  - Licenses are valid until December 31 of the year three years after the year in which the license was issued.
  - **NO DIGITAL SIGNATURES ACCEPTED:** print, sign, and scan signed documents for electronic submissions.
  - If applicable: keep a copy of the mail receipt and tracking number for your records. *The HCA is not responsible for applications, attachments, or payments lost in the mail or not received.*
  - ❖ **New Application Deadline**
    - Applications accepted on a rolling basis.
  - ❖ **License Renewal Deadlines**
    - License application and renewal fee must be received by 4:30 p.m., no later than thirty (30) days prior to December 31 of the year three years after the year in which license was issued.
    - *If the deadline falls on a weekend, Seneca Nation or Federal holiday, the following Seneca Nation business day will stand as the deadline.*
  - ❖ **Submission of Application Materials:**
    - **Mail:** Cannabis Department, 90 Ohi:yo' Way, Salamanca, NY 14779;
      - At the latest, must be postmarked for the date it is due.
    - **Email:** SNCannabisDept@sni.org;
    - **In-person: (scheduled appointment only):** 90 Ohi:yo' Way, Salamanca, NY 14779; or
    - 12837 Route 438, Irving, NY 14081
  - ❖ **Background Checks:** It is the responsibility of each **Applicant or Key Participant** to obtain and pay for their own **federal** criminal background checks for submission to the HCA.
    - ❖ Background checks are required when applying for **licensing, renewal, or submitting material changes regarding Key Participants.**
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- ❖ **Application Review:** The HCA or its designee will issue a license decision within thirty(30) Seneca Nation business days of receipt of all documents.
    - A Notice of Completion will be issued to the Applicant from the HCA once all application materials are successfully received in complete form.
    - A Notification of Decision letter will be sent to the Applicant from the HCA.
    - The HCA may deny any license application that fails to meet the deadlines established in this application and Ordinance, or is incomplete.

**\*If you need assistance filling out this application**

**or**

**For more information, please contact the Cannabis Department.**



**SENECA NATION HEMP PRODUCER  
LICENSE APPLICATION**

**A. New Application:**  **Renewal Application:**  **License # S50005-**

**B. Individual Producer**

<b>Name:</b> <i>(First, M.I., Last)</i>	
<b>Residential Address:</b> <i>(Street, City, State, Zip Code)</i>	
<b>Mailing Address:</b> <i>(if applicable)</i>	
<b>Primary Telephone Number</b>	
<b>Email Address:</b> <i>(if available)</i>	

**C. Business Entity Producer**

<b>Applicant's Primary Contact Name:</b> <i>(First, M.I., Last)</i>	
<b>Applicant's Primary Contact Residential Address:</b> <i>(Street, City, State, Zip Code)</i>	
<b>Full Name of Business Entity:</b>	
<b>[Federal] Employer Identification Number (EIN)</b>	
<b>Principal Business Address:</b> <i>(Street, City, State, Zip Code)</i>	
<b>Principal Business Telephone Number:</b>	
<b>Business Email Address:</b> <i>(if available)</i>	

<b>List Key Participant(s) below:</b>	<i>Attach any additional names to this application (if needed)</i>
<b>Name: (First, M.I., Last)</b>	<b>Title:</b>

**All Applicants:**

**D. Declare who has ownership of land and legal authority of land on which you intend to be licensed for Production.**

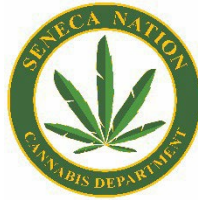
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**LOCATION ID Form: GIS Assigned Lot/ Building Name and GPS Coordinates**

*\*One Lot/ Building for each form -If no material changes for renewal, fill and mark sections 1-4 only.*

<b>1. Applicant's Name:</b>	
<b>2. Applicant's Address:</b> <i>(Street, City, State, Zip Code)</i>	
<b>3. Applicant's Phone Number:</b>	
<b>4. Type of Submittal:</b> License # (Renewal/Material Change) only:	New <input type="checkbox"/> Renewal <input type="checkbox"/> Material Change <input type="checkbox"/> # _____      No Material Change
<b>GIS Appointment Date:</b>  <input type="checkbox"/> On-time <input type="checkbox"/> Re-schedule	Date _____ Time _____ Reschedule date: _____ Time: _____
<b>GIS Dept. Employee Name:</b> <i>(Conducting Reading)</i>	
<b>Assigned Lot/ Building Location ID:</b>	
<b>GPS Coordinates:</b>	
<b>Mapping:</b>	Number of maps for Location ID: #Printed: _____    # Digital Export: _____

The above application information is true and correct to the best extent practicable and upon HCA approval shall be listed as the Location ID for said Lot or building. Any modifications must have prior approval of the HCA.

Applicant Signature	Date
GIS Employee Signature	Date
<b>Office Use Only</b>	
HCA or Designee Signature	Date

**LOCATION ID FORM INSTRUCTIONS**

<b>Location ID Procedure:</b>	<b>GIS Assigned Lot/Building Name &amp; GPS Coordinates → Form to be included with the application.</b>
<b>Step 1 →</b>	<b>Applicant obtain/produce deed verification of legal ownership of entire property to be used or valid lease with written declaration of use of property for production of Hemp.</b>
<b>Step 2 →</b>	<b>Applicant obtain GPS readings of production, handling, storage, and other site(s) on property to be used for production of Hemp, from Seneca Nation GIS.</b>
<b>Step 3 →</b>	<b>GIS will assign the LOCATION ID</b> <b>Example: (Territory_Lieber_Page_LastName_GrowingOperation)</b> a) <b>O_L45_P025_Stark_Field_1)</b> b) <b>XXXXXXXXXXXXXXXXXXXX_Storage_3</b>
<b>Step 4 →</b>	<b><u>Outdoors:</u> GIS will create outdoor map from standard template with required content shown in the outdoor mapping examples.</b> <ul style="list-style-type: none"> <li>• GIS will provide map to Applicant in requested format(print/export).</li> <li>• Applicant will submit map(s) to Cannabis Department.</li> </ul> <b><u>Indoors:</u> Applicant will sketch an indoor mapping of hemp producing Lot(s), handling site(s), storage site(s), within declared building on Location ID Form.</b> <ul style="list-style-type: none"> <li>• Applicant will submit sketch to GIS for formatting.</li> <li>• GIS will provide to Applicant in requested format (print/export).</li> <li>• Applicant will submit map(s) to Cannabis Department.</li> </ul>
<b>Contact Info. for GIS &amp; Maps and Boundaries</b>	<b>Allegany Territory, 90 Ohi:yo' Way, Salamanca, NY 14779 (716) 945-1790</b>  <b>Cattaraugus Territory, 12837 Route 438, Irving, NY 14081 (716) 532-4900</b>



**SIGNATURE PAGE**

**By execution below, the Applicant expressly acknowledges, agrees and consents to the covenants presented in the Seneca Nation Hemp Production Ordinance, and adjoining document therein, and shall exercise due diligence in compliance.**

\_\_\_\_\_  
**Print Name** (*First, M.I., Last*)

*(\*Signed by prospective Individual to be licensed or Key Participant only)*

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

<b>OFFICE USE ONLY</b>		
<b>Date Application Received:</b>	<b>New:</b>	<b>Renewal:</b>
<b>Payment Type:</b>	<input type="checkbox"/> <b>Check</b>	<input type="checkbox"/> <b>Money Order</b>
<b>Amount \$:</b>	_____	
<b>Processed Date:</b>		
<b>Final Status:</b>		
<b>License Number:</b>		
<b>Notification Letter Sent Date:</b>		
<b>Letter Sent by:</b>	<b>Signature:</b>	