

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.

✓	Items to be submitted:	Notes:
	1. Application	<i>Online or Hard Copy</i>
	2. Federal Criminal Background Check: a. Applicant; and b. Key Participant(s) -- [<i>where applicable</i>]	<i>Scanned or Hard Copy</i>
	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>
	4. Additional Required Documents: Location ID Form(s) Copy of Deed/Lease: must have legal land description Copy of Seneca Nation Business License Pesticides Non-use Statement or Copy of Seneca Nation Pesticides Use Permit Seneca Nation Environmental Impact Assessment	<i>Contact the Cannabis Department for clarification or for assistance.</i>
	5. Attachments (<i>as necessary</i>)	<i>For example: Key Participants, Pesticide Statement, etc.</i>

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
 - ❖ **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

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

C. Business Entity Producer

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

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

All Applicants:

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



LOCATION ID FORM INSTRUCTIONS

Location ID Procedure:	GIS Assigned Lot/Building Name & GPS Coordinates → Form to be included with the application.
Step 1 →	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.
Step 2 →	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.
Step 3 →	<p>GIS will assign the LOCATION ID Example: (Territory_Lieber_Page_LastName_GrowingOperation) a) O_L45_P025_Stark_Field_1) b) XXXXXXXXXXXXXXXXXX_Storage_3</p>
Step 4 →	<p><u>Outdoors:</u> GIS will create outdoor map from standard template with required content shown in the outdoor mapping examples.</p> <ul style="list-style-type: none"> • GIS will provide map to Applicant in requested format (print/export). • Applicant will submit map(s) to Cannabis Department. <p><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.</p> <ul style="list-style-type: none"> • Applicant will submit sketch to GIS for formatting. • GIS will provide to Applicant in requested format (print/export). • Applicant will submit map(s) to Cannabis Department.
Contact Info. for GIS & Maps and Boundaries	<p>Allegany Territory, 90 Ohi:yo' Way, Salamanca, NY 14779 (716) 945-1790</p> <p>Cattaraugus Territory, 12837 Route 438, Irving, NY 14081 (716) 532-4900</p>

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

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