



APPLICATION FOR DEALER IN NURSERY STOCK

To be Filed with the Division of Plant Health of the Ohio Department of Agriculture in accordance with Section 927.53 RC

For Certificate Year January 1, 20__ to December 31, 20__.

Firm Name: _____

Manager: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

BUSINESS LOCATION: (If different from above or if you only listed a P.O. Box)

Address: _____

City/State/Zip: _____

County (required): _____

Does your firm ship or deliver nursery stock to any locations outside of the State of Ohio? [] YES [] NO

[] I also maintain a nursery stock production area.

[] I have a holding area for nursery stock for landscape installations:

ADDRESS CITY ZIP CODE

[] Seasonal Sales Lot:

ADDRESS CITY ZIP CODE

Name(s) of Suppliers of Nursery Stock

Address of Suppliers

I hereby state that all nursery stock sold or delivered by me will be obtained from persons or businesses that have been granted official certificates of inspection.

SIGNED: _____ TITLE: _____

\$125.00 LICENSE FEE IS REQUIRED FOR EACH PLACE OF BUSINESS.

PLEASE MAKE CHECKS PAYABLE TO:

"OHIO DEPARTMENT OF AGRICULTURE" AND RETURN TO THE ABOVE ADDRESS.