



**Ohio Department of Agriculture**  
 Plant Health - Pesticide and Fertilizer Regulation Section  
 8995 East Main Street, Reynoldsburg, OH 43068-3399  
 Telephone: (614) 728-6987 Fax: (614) 728-4235  
[www.agri.ohio.gov](http://www.agri.ohio.gov) [mail: pesticides@agri.ohio.gov](mailto:pesticides@agri.ohio.gov)



**APPLICATION FOR COMMERCIAL FERTILIZER LICENSE**

In accordance with the provisions of Section 905.32 of the Ohio Revised Code, application is made for a license to manufacture or distribute commercial fertilizer in Ohio for the year beginning **DECEMBER 1, 20\_\_ AND ENDING NOVEMBER 30, 20\_\_** .

<b>Submitted By:</b>	<b>Submitted For:</b>
<b>Company Name:</b> _____	<b>Company Name:</b> _____
<b>Contact Name:</b> _____	<b>Mailing Address:</b> _____
<b>Location Address:</b> _____	<b>Mailing City:</b> _____
<b>Location City:</b> _____	<b>Mailing State:</b> _____
<b>Loc State &amp; Zip:</b> _____	<b>Mailing Zip Code:</b> _____
<b>Location County:</b> _____	<b>Phone Number:</b> _____

I certify that the name and address shown on the license shall be on all the labels, pertinent invoices, and bulk storage for fertilizers distributed in Ohio.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PAYMENT REQUIRED:**

Remittance of \$5.00 to cover the license fee for the above location payable to the Ohio Department of Agriculture must be enclosed. Payment can be made by check, money order, or credit card: (Please check one)

**Payment Method:**     Check or     Money Order # \_\_\_\_\_     Visa     Mastercard    **Amount \$** \_\_\_\_\_

If paying by credit card, the following information is required before payment can be processed:

**Cardholder Name on Credit Card:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **CVV** \_\_\_\_\_