



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



## APPLICATION FOR LICENSE TO MANUFACTURE SELL OR DISTRIBUTE LIMING MATERIAL

In accordance with the provisions of Section 905.52, of the Ohio Revised Code, application is made for a license to manufacture, sell, or distribute liming material in Ohio for the calendar year **JANUARY 1, 20\_\_ THROUGH DECEMBER 31, 20\_\_**.

<b>LOCATION ID:</b> _____ <b>NAME:</b> _____ (manufacturer, distributor and/or labeler) <b>LOCATION ADDRESS:</b> _____ <b>CITY, STATE, ZIP:</b> _____ <b>OHIO COUNTY:</b> _____ (all other states use "other") <b>MAILING ADDRESS:</b> _____ <b>CITY, STATE, ZIP:</b> _____	<b>PARENT ID:</b> _____ <b>SUBMITTED BY:</b> _____ (mailing address, if different than location) <b>ADDRESS:</b> _____ <b>CITY, STATE, ZIP:</b> _____ <b>OHIO COUNTY:</b> _____ (all other states use "other") <b>PHONE NUMBER:</b> _____ <b>FAX NUMBER:</b> _____ <b>E-MAIL ADDRESS:</b> _____
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**PAYMENT REQUIRED:**

Remittance of **\$50.00** is enclosed to cover the license fee for the above location payable to the Ohio Department of Agriculture must be enclosed. **Payment by check, money order, or credit card only:**

Payment Method:  Check # \_\_\_\_\_  Money Order  Visa  Mastercard  
 Amount:      X \$50.00 = \$   ,    .

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

Name on Credit Card:

Credit Card Number:

Expiration Date:   (MM)     (YYYY)

Signature (**required**): \_\_\_\_\_

I hereby certify that the name and address which appears on the application will be the same on all labels, pertinent invoices, and bulk storage for each product distributed in Ohio, for which labels are submitted.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PRINTED NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

<b>Labels Attached?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No

**Applications can be mailed or faxed.**