



APPLICATION FOR DEALER IN NURSERY STOCK

NEW RENEWAL Certificate #: [checkbox] [checkbox] [line]

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: [line]

Manager: [line]

Address: [line]

City/State/Zip: [line]

Phone: [line]

Email: [line]

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

Address: [line]

City/State/Zip: [line]

COUNTY (required) [line]

[checkbox] I also maintain a nursery stock production area.

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

ADDRESS CITY ZIP CODE

[checkbox] 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: [line] TITLE: [line]

\$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.