



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.