

NURSERY LICENSE

Please allow 15 business days to process license. License will expire on June 30, following date of issue. Fees are not prorated.

PRINT OR TYPE INFORMATION

Legal Name (Owner) _____

Contact _____

Mailing Address _____

City, State, Zip _____

Phone No. _____ Fax No. _____
(Required)

E-mail Address _____

Applicant #: _____
License #: _____
Inspector Code _____

BUSINESS LOCATION: Store No. _____

Business Name (dba) _____

Street Address _____

City, State, Zip _____

Circle one of the following: **NEW LICENSE** **RENEWAL** **ADDITIONAL INFORMATION**

INDICATE TYPE OF OPERATION ENGAGED IN (CHECK ONE TYPE ONLY)

- Nursery Dealers, Florists & Landscapers *
- Greenhouse Growers of Herbaceous Plants
- Nursery Stock Growers & Collectors of Native Plants

* <input type="checkbox"/> Check if you use your license ONLY for purchasing cut flowers for purposes other than selling plants

FEE SCHEDULE (SEE REVERSE SIDE FOR FEE SCHEDULE TO COMPUTE LICENSE FEES)

Gross Sales/Purchases \$ _____

Base Fee \$ _____ + Research fee _____ = License Fee \$ _____

Late Penalty Fee (Renewals only, after August 30) \$ _____

TOTAL MINIMUM LICENSE FEE DUE IS \$158.00* (TOTAL PAID) \$ _____

PAYMENT METHOD

For Checks or Money Orders, mail to:
Oregon Department of Agriculture
PO Box 4395, Unit 17
Portland OR 97208-4395

For Credit Card Charge, mail or fax to:
Oregon Department of Agriculture
635 Capitol St. N.E.
Salem OR 97301-2532

Secure Fax (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

For Visa or MasterCard Charges Complete the Following Information

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Email or Fax receipt available for credit card payments ONLY. Print Email address or Fax# _____

Signature: _____ Total Charges: \$ _____

Card Number: _____ / _____ / _____ Expiration Date: _____ / _____

