Oregon Dept. Of Agriculture
Plant Division
(503)986-4644
Hearing Impaired TDD # 503/986-4762

Rev 5/08

CHRISTMAS TREE GROWER

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

PLEASE PRINT OR TYPE INFORMATION

Applicant #: _____

License #: _____

Inspector Code _____

Legal Name (Owner)_____

Contact _____

Mailing Address_____

City_____State_____Zip_____

Phone No._____Fax No._____ E-mail Address_____

BUSINESS LOCATION:

Business Name (DBA)_____

Street Address_____ Contact _____

City, State, Zip_____Phone No._____ Fax No._____

CIRCLE ONE OF THE FOLLOWING: NEW LICENSE RENEWAL ADDITIONAL INFORMATION

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CHRISTMAS TREE GROWER

Location of each separate plantation: Species of trees grown:

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____

YOUR REPORTED ACREAGE OF CHRISTMAS TREES IS SUBJECT TO VERIFICATION BY THE DEPARTMENT OF AGRICULTURE.

MINIMUM FEE $65.00 AND $5,000 MAXIMUM *

Total Number of Acres _____

ACRES OF TREES	BASIC CHARGE	ACREAGE ASSESSMENT	
1 to 40	$ 62.00 plus	$ 3.00 per acre	$ _____
41 to 100	$ 182.00 plus	$ 2.60 per acre over 40	$ _____
101 to 200	$ 338.00 plus	$ 2.10 per acre over 100	$ _____
Over 200	$ 548.00 plus	$ 1.60 per acre over 200	$ _____
		TOTAL FEE DUE	$ _____*

*A fee calculator is located on the ODA website: http://oda.state.or.us/dbs/christmas_tree_fee/calculator.lasso

Social Security Number: _____/_____/_____ Date of Birth: _____/_____/_____
(Required) **(Required)**

For Checks or Money Orders, mail to:
Oregon Department of Agriculture
PO Box 4395, Unit 16
Portland OR 97208-4395

For Credit Card Charges, 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 registration.

For Visa or MasterCard Charges Complete the Following Information

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

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

Signature: _____ Total Charges: $_____

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