

**STATE OF ILLINOIS
DEPARTMENT OF AGRICULTURE**

**APPLICATION FOR REGISTRATION
2009 Nursery Dealer Registration (519)**

Billing Name & Address:

Mail application and appropriate fee payable to:

**Illinois Department of Agriculture
Bureau of Environmental Programs
P.O. Box 19281
Springfield, IL 62794-9281
(217) 785-2427 -- TDD # (217) 785-2427**

Fees for **each** location: \$50.00

Please provide the address of **each** location to be licensed (if additional space is needed, please attach a separate sheet):

1. _____
(Facility name & street address) (City) (State) (Zip Code)
2. _____
(Facility name & street address) (City) (State) (Zip Code)
3. _____
(Facility name & street address) (City) (State) (Zip Code)
4. _____
(Facility name & street address) (City) (State) (Zip Code)
5. _____
(Facility name & street address) (City) (State) (Zip Code)
6. _____
(Facility name & street address) (City) (State) (Zip Code)

I (We) buy Nursery Stock for (check all that apply):

- _____ Landscaping
_____ Retail Outlet
_____ Christmas Trees only

I obtain certified nursery stock for resale.

Contact Person: _____

Telephone number: (_____) _____

FEIN/SSN: _____

IBT # (Sales Tax) _____

(signature)

(date)

Note: This registration form must be completed & returned within 30 days. Please include all fees with your application and retain a copy for your records.

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 505 ILCS 90/1. Failure to provide this information shall prevent this form from being processed. This form has been approved by the state forms management center.

For Office Use Only:	
Date Received:	_____
Check #:	_____
Amount:	_____