There is no fee for this required license.

Applications can be faxed or mailed to the number or address below:

DELAWARE DEPARTMENT OF AGRICULTURE

JEFFREY A. BROTHERS

ENTOMOLOGY/PLANT PATHOLOGY SUPERVISOR - PLANT INDUSTRIES

2320 South DuPont Highway Dover, DE 19901-5515 e-mail: Jeffrey.Brothers@state.de.us

(302) 698-4583 (800) 282-8685 (In Del.)

Fax: (302) 697-6287

DELAWARE DEPARTMENT OF AGRICULTURE PLANT INDUSTRIES SECTION 2320 S DUPONT HIGHWAY

DOVER, DELAWARE 19901-5515 PHONE: (302)698-4500; FAX: (302)697-6287

Date Rec'd	
New	
Renew	

NURSERY INDUSTRY LICENSE APPLICATION

1.	NAME OF COMPANY/BUSINESS:(As you wish name to appear on license)						
2.	NAME OF OWNER OR CONTACT PER	OF OWNER OR CONTACT PERSON:					
3.	MAII ING ADDRESS:						
<i>J</i> .	MAILING ADDRESS: Street						
	City	State	:	Zip	County		
	TELEPHONE NUMBER: ()_		FAX NUM	BER: ()_			
	EMAIL ADDRESS:		_@		_		
4.	NUMBER OF DELAWARE SALES LOC	CATIONS:	·				
5.	PHYSICAL ADDRESS OF EACH	A					
	PHYSICAL ADDRESS OF EACH DELAWARE LOCATION Street (Attach Additional Page If Necessary)						
		City	State	Zip	County		
		В					
		Street					
		City	State	Zip	County		
6.	TYPE(S) OF BUSINESS: (Check as many as apply)						
	Broker F	Fundraiser Sales			Mail-Order Sales		
		Garden Center		Retail Christmas Trees			
	71						
					School Greenhouse Other		
	Field Grower L	andscaper		Other			
7.	TYPES OF NURSERY STOCK OR PLA	NT PRODUCTS GR	OWN OR SO	OLD: (Check as	many as apply)		
	Aquatic Plants	Herbs					
	Bedding Plants	Ornamentals (Deciduous Trees/Shrubs,					
	Evergreen Trees/Shrubs, Azaleas/Rhododendrons)						
	Christmas Trees/Greens	Perennials					
	Chrysanthemums Floral Products/Cut Flowers						
	Floral Products/Cut Flowers Fruit Stock		Iants				
	rfuil Slock	Other					

8.	ACREAGE AND/OR SQUARE FOOTAGE OF PLANT BUSINESS, OR AREA DEVOTED TO PRODUCTION OF PLANTS AND/OR PLANT PRODUCTS:					
9.	DO YOU SELL: WHOLESALE? RETAIL?					
10.	LIST ALL SOURCES OF PLANT MATERIAL PURCHASED BY YOUR BUSINESS. PLEASE PROVIDE C NAMES AND ADDRESSES OF ALL SOURCES , AS WELL AS, A DESCRIPTION OF THE TYPE OF PLAN MATERIAL PURCHASED. (FOR A DESCRIPTION PLEASE REFER TO NUMBER 7 ON THE PREVIO					
	(Use additional pages if necessary)				
NAME	MAILING A	<u>DDRESS</u>	TYPE OF PLANT MATERIAL			
		·				
		× .				
-						
			<u>-</u>			
11.	LOCATION OF YOUR ESTABLISHME	NT (for inspection purposes only).				
	APPLICANT SIGNATURE	TITLE	DATE			

RETURN COMPLETED APPLICATION TO: PLANT INDUSTRIES SECTION, DELAWARE DEPARTMENT OF AGRICULTURE

Doc. #65-01-08/01/04/01