

Oregon Department of Agriculture  
 Commodity Inspection Division  
 (503) 986-4620  
 Hearing Impaired TDD #(503) 986-4762

License Number \_\_\_\_\_ License Type \_\_\_\_\_ Mail Firm Number \_\_\_\_\_

PRINT OR TYPE \_\_\_\_\_ LICENSE EXPIRES JUNE 30, 20 \_\_\_\_\_  
 Business Name \_\_\_\_\_

Owner's Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax Number \_\_\_\_\_

**BUSINESS LOCATION:**

Street Address \_\_\_\_\_ Location Firm # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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**CHECK LICENSE THAT PERTAINS TO YOUR BUSINESS**

		FEE	FEE SUBMITTED
_____	56 Wholesale Produce Dealer (Bond Required)	\$70.00	\$ _____
	Number of Vehicles _____ @	\$5.00 Each	\$ _____
_____	57 Retail Produce Peddler	\$15.00 each	\$ _____
	Number of Vehicles _____ @		
_____	58 Cash Buyer Produce Dealer	\$65.00	\$ _____
_____	74 Retail Seed Dealer	\$40.00	\$ _____
	Late Penalty Fee If Applicable		\$ _____
	<b>Total Fee Due</b>		<b>\$ _____</b>

**For Produce Dealers: List Vehicle License Numbers Below:**

\_\_\_\_\_  
 \_\_\_\_\_

If new owner, print former owner's name \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print Owner's Name \_\_\_\_\_ SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**License is personal to the applicant and cannot be transferred to another person or entity.  
 Please return this application with your remittance payable to Oregon Department of Agriculture.  
 All dishonored checks or electronic payments will incur a \$25.00 administrative fee per ORS 30.701.**

**For Checks or Money Orders Mail to:**

Oregon Department of Agriculture  
 PO Box 4395, Unit 17  
 Portland OR 97208-4395

**For Credit Card Charges Mail or Fax to:**

Oregon Department of Agriculture  
 Attn: Licensing  
 635 Capitol Street NE  
 Salem OR 97301-2532  
 Fax (503) 986-4746

\_\_\_\_\_ Visa \_\_\_\_\_ Mastercard Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Card Number \_\_\_\_\_ (16 digits)

Total Charges \$ \_\_\_\_\_ Signature \_\_\_\_\_