

WHOLESALE SEED DEALER LICENSE APPLICATION

License Number PRINT OR TYPE Business Name		License Expires June 30, 20			
Applicants Name Mailing Address City, State, Zip BUSINESS LOCATION: Street Address City, State, Zip					
		Fax No E-mail Firm Location # Location Phone #			
			Firm operates as: () Corporation ** State of Incorp () Sole Proprietorship () Limited Partnership () Government Subdivision	() Partnership() Limited Liability Corpora	
			List of names and addresses of all partners and/or officers below: Name Title		Address (include City, State and Zip)
			() Yes () No If yes, please list violations: WHOLESALE SEED DEALER LICENSE FEE: Late Penalty Fee If Applicable		\$750.00 \$
			Total Fees Submitted		\$
Signature	Title _	Date			
Print Owner's Name					
For Visa, Discover or Mastercard Charges Mail or Fax to: Oregon Department of Agriculture 635 Capitol Street NE Salem OR 97301-2532 Fax (503) 986-4746		For Checks or Money Orders Mail to: Oregon Department of Agriculture PO Box 4395, Unit 17 Portland Or 97208-4395			
Name of Cardholder		Phone			
Address of Cardholder		Zip			
Card Number		/			
Signature		Total Charges \$			

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.