

NURSERY APPLICATION

State of Oregon
Department of Agriculture
635 Capitol St. NE
Salem, Oregon 97310-0110
(503) 986-4644
Hearing Impaired TDD # (503) 986-4762



FOR CASHIER'S USE ONLY

License Type: Nonprofit Temp

Nonprofit TPN No. _____

PRINT OR TYPE

BUSINESS NAME _____ Phone Number _____

LICENSEE NAME _____

MAILING ADDRESS _____

City State Zip

SALE LOCATION ADDRESS:

City State Zip

.....
**Temporary
NURSERY LICENSE
For nonprofit organization**

Sale not to exceed seven (7) consecutive days

Sale Dates _____

(enclose proof of nonprofit organization registration)

License Fee is \$5.00

Signature _____ Title _____ Date _____

Print owner or signatory name _____

**RETURN THIS APPLICATION WITH YOUR REMITTANCE PAYABLE TO
OREGON DEPARTMENT OF AGRICULTURE**