



**OREGON
DEPARTMENT OF
AGRICULTURE**

Protect. Promote. Prosper.

Nursery License Application 2025-2026

CONTACT INFORMATION

Business Name : _____

Legal Name (Owner/s): _____

Contact Name: _____

Mailing Address: _____

Phone #: _____ Cell #: _____ Fax #: _____

Email* _____

*Please include your email, this is the primary way we will contact you

BUSINESS LOCATION INFORMATION

DBA (if applicable): _____ Store ID (if applicable): _____

Location Address (where the plants are held)**

Phone number: _____ Fax number: _____

**Add additional growing locations on page 5 of this application

PLEASE CHECK THE APPROPRIATE BOX BELOW

☐ Payment for current season (May 15th, 2025, through June 30th, 2026)

☐ Payment for previous season (2024-2025 season)

☐ Other _____

Please allow 15 business days to process this application in full. You can expedite this process by coming to the ODA Salem office and paying in-person with credit card or check at the cashier's office on the 1st floor.

This application is for the 2025-2026 Season and will expire on June 30, 2026. **Fees are not prorated.**

[Do not email this form or any credit card information.](#)

PAYMENT METHOD

IMPORTANT NOTES:

- If mailing check payment by **USPS**, send to the Portland address below.
- If mailing check payment by UPS or FEDEX, send to the Salem address below.
- **Do not email this form or payment information, all emailed submissions will be rejected.**
- Please print and fill out all pages, then mail them to the appropriate address below.
- Email or fax receipts are available for credit card payments **ONLY**.
- You can pay in person at the cashier's window on the first floor of the ODA Salem address below.

CHECK OR MONEY ORDERS (BY USPS):

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$35.00 administrative fee per ORS 30.701. Mail check or money order to:

Oregon Department of Agriculture
P.O. Box 4395, Unit 17
Portland, OR 97208-4395

CREDIT CARDS:

Do not email this form or payment information, all emailed submissions will be rejected.

Digital signatures on this form are not accepted and will result in a rejected payment.

Oregon Department of Agriculture 635 Capitol Street NE Salem, OR 97310-2532	OR	Secure Fax Line: 503-986-4746
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Print email address or fax number: _____

For Visa, MasterCard, Discover, or American Express card charges, complete the following information:

Name of cardholder: _____ Phone: _____

Address of cardholder: _____

Signature*: _____ Total Charges: _____

*Digital signatures are not accepted, **please use a pen**

Card Number: _____ Expiration Date: _____

LEAVE THIS PAGE BLANK, CONTINUE ON PAGE 5

IF YOU ARE A NURSERY STOCK GROWER OR GREENHOUSE GROWER, PLEASE INCLUDE ADDITIONAL ADDRESSES FOR EACH LOCATION WHERE YOU GROW PLANTS

Nursery Name _____

☐ No additional locations

Location Name/ID: _____

Location Address: _____

Location Name/ID: _____

Location Address: _____

Location Name/ID: _____

Location Address: _____

Location Name/ID: _____

Location Address: _____

Location Name/ID: _____

Location Address: _____
