

# Fertilizer License Application

whose name appears on the label or invoice shall apply for a license prior to the distribution of a fertilizer in Illinois

Illinois Department of Agriculture, Bureau of Agricultural Products Inspection  
 State Fairgrounds -- P.O. Box 19281  
 Springfield, IL 62794-9281  
 (217) 782-3817 TTY: (866) 287-2999  
[www.agr.state.il.us](http://www.agr.state.il.us)

License fee is **\$100.00** for the primary location and an additional **\$50.00** for each additional site in ILLINOIS.

Check# _____	Total Amount \$ _____	Office Use
Amount \$ _____ RC 107	Amount \$ _____ RC 105	Amount \$ _____ RC 106
Amount \$ _____ RC 135	Other: _____	

For License Year: \_\_\_\_\_

Business Name: _____	Physical Address: _____
Registration Number: _____	City: _____ State: _____ Zip Code: _____
Contact Person#: _____	Mailing Address: _____
Telephone: _____	City: _____ State: _____ Zip Code: _____
E-Mail Address: _____	Business FEIN#: _____

(Check )

•**Type of Operation:** Manufacturer:  Distributor only:  Custom Blender\*:  Broker:  Other (Describe): \_\_\_\_\_ \*If a custom blender, type of custom blend: Liquid  Dry

•**Store bulk fertilizer?** Yes  No  •**Store anhydrous ammonia as a fertilizer?** Yes  No

Entities who store anhydrous ammonia as a fertilizer, store bulk fertilizer, or custom blend a fertilizer at more than one site under the same entity's business name shall list any and all additional sites operated in ILLINOIS:

Office Use	County	Plant Manager	Address (street, city & zip code)	Telephone #

Attach "Additional Sites" form if necessary for more plants.

TOTAL NUMBER OF PLANTS OPERATED IN ILLINOIS UNDER THIS LICENSE: \_\_\_\_\_

Under the II. Administrative Procedures Act, each State agency must require license holders to certify: "I hereby certify, under penalty of perjury, that (please check one )  
 I am not subject to a child support order"  I am not more than 30 days delinquent in complying with a child support order"  I am more than 30 days delinquent in complying with a child support order".  
 Failure to so certify may result in denial of the application/renewal; and making false statements may subject the licensee to contempt of court (5ILCS 10/1 0-65 c)

I hereby certify that if a license is granted under this application, I agree to conform and conduct my business in accordance with the provisions set forth in the Illinois Fertilizer Act and its rules and the regulations pursuant thereto and that all information contained herein is true and accurate to the best of my knowledge.

\_\_\_\_\_  
 (Print or type name of authorized representative)

\_\_\_\_\_  
 (Signature of authorized representative)

\_\_\_\_\_  
 (Date)

### **Fertilizer License Application - Additional Sites**

*whose name appears on the label or invoice shall apply for a license prior to the distribution of a fertilizer in Illinois*

Illinois Department of Agriculture, Bureau of Agricultural Products Inspection  
State Fairgrounds -- P.O. Box 19281  
Springfield, IL 62794-9281  
(217) 782-3817 TTY: (217) 524-6858  
[www.agr.state.il.us](http://www.agr.state.il.us)

Business Name: _____ Registration Number: _____
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For License Year: _____
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License fee is \$100.00 for the primary location and an additional \$50.00 for each additional site in ILLINOIS.

Entities who store anhydrous ammonia as a fertilizer, store bulk fertilizer, or custom blend a fertilizer at more than one site under the same entity's business name shall list any and all additional sites operated in **ILLINOIS**:

Office Use	County	Plant Manager	Address (street, city & zip code)	Telephone #

Attach "Additional Sites" form if necessary for more plants.

PLEASE ATTACH THIS FORM WITH MAIN FERTILIZER LICENSE APPLICATION FORM.