

STATE OF ILLINOIS
DEPARTMENT OF AGRICULTURE

Application for Registration
2022 Nursery Dealer Registration

Mail application and appropriate fee payable to:

Billing Name & Address:

Illinois Department of Agriculture
Bureau of Environmental Programs
PO Box 19281
Springfield, IL 62794-9281
(217) 785-2427 TDD # (866) 287-2999

Fees for each location: \$50.00

Total number of locations to be certified _____
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Please provide the address of each location to be licensed (If additional space is needed, please attach a separate sheet):

1. _____
(Facility name & street address) (City) (County) (State) (Zip Code)
2. _____
(Facility name & street address) (City) (County) (State) (Zip Code)
3. _____
(Facility name & street address) (City) (County) (State) (Zip Code)
4. _____
(Facility name & street address) (City) (County) (State) (Zip Code)
5. _____
(Facility name & street address) (City) (County) (State) (Zip Code)
6. _____
(Facility name & street address) (City) (County) (State) (Zip Code)

I (We) buy Nursery Stock for (check all that apply):

- _____ Landscaping
- _____ Retail Outlet
- _____ Christmas Trees only

I obtain certified nursery stock for resale.

Contact Person: _____

Telephone: () _____

FEIN / SSN: _____

IBT # (Sales tax) _____

(signature)

(date)

Note: This registration form must be completed and returned within 30 days. Please include all fees with your application and retain a copy for your records.

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined, under 505 ILCS 90/1. Failure to provide this information shall prevent this form from being processed. This form has been approved by the state forms management center.

For Office Use Only		
Check # _____	Amount _____	Revenue Code - 519