

**STATE OF ILLINOIS**  
**DEPARTMENT OF AGRICULTURE**

**Application for Registration**  
**2020 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

<b>Total number of locations to be certified _____</b>
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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