DELAWARE DEPARTMENT OF AGRICULTURE
PLANT INDUSTRIES SECTION
2320 S DUPONT HIGHWAY
DOVER, DELAWARE 19901-5515
PHONE: (302)698-4500; FAX: (302)697-4736

Date Rec'd	_____
New	_____
Renew	_____

NURSERY INDUSTRY LICENSE APPLICATION

1. NAME OF COMPANY/BUSINESS:_____
(As you wish name to appear on license)

2. NAME OF OWNER OR CONTACT PERSON:_____

3. MAILING ADDRESS: _____
Street

_____
City State Zip County

TELEPHONE NUMBER: (_____)_____ FAX NUMBER: (_____)_____

EMAIL ADDRESS: _____@_____

4. NUMBER OF DELAWARE SALES LOCATIONS: _____

5. PHYSICAL ADDRESS OF **EACH DELAWARE** LOCATION
(Attach Additional Page If Necessary)

A._____
Street

_____
City State Zip County

B._____
Street

_____
City State Zip County

6. TYPE(S) OF BUSINESS: (Check as many as apply)

Broker	_____	Fundraiser Sales	_____	Mail-Order Sales	_____
Chain Store	_____	Garden Center	_____	Retail Christmas Trees	_____
Consignment Sales	_____	Gas Station Sales	_____	Roadside Market	_____
Florist	_____	Greenhouse	_____	School Greenhouse	_____
Field Grower	_____	Landscaper	_____	Other	_____

7. TYPES OF NURSERY STOCK OR PLANT PRODUCTS GROWN OR SOLD: (Check as many as apply)

Aquatic Plants	_____	Herbs	_____
Bedding Plants	_____	Ornamentals (Deciduous Trees/Shrubs, Evergreen Trees/Shrubs, Azaleas/Rhododendrons)	_____
Christmas Trees/Greens	_____	Perennials	_____
Chrysanthemums	_____	Poinsettias	_____
Floral Products/Cut Flowers	_____	Tropical Plants	_____
Fruit Stock	_____	Other	_____

(Continued On Other Side)

8. ACREAGE AND/OR SQUARE FOOTAGE OF PLANT BUSINESS, OR AREA DEVOTED TO PRODUCTION OF PLANTS AND/OR PLANT PRODUCTS: _____

9. DO YOU SELL: WHOLESALE? _____ RETAIL? _____

10. LIST **ALL SOURCES** OF PLANT MATERIAL PURCHASED BY YOUR BUSINESS. PLEASE PROVIDE COMPLETE NAMES AND ADDRESSES OF **ALL SOURCES**, AS WELL AS, A DESCRIPTION OF THE TYPE OF PLANT MATERIAL PURCHASED. **(FOR A DESCRIPTION PLEASE REFER TO NUMBER 7 ON THE PREVIOUS PAGE.)**

(Use additional pages if necessary)

NAME	MAILING ADDRESS	TYPE OF PLANT MATERIAL

11. LOCATION OF YOUR ESTABLISHMENT (for inspection purposes only).

_____

_____

_____

_____

_____

APPLICANT SIGNATURE TITLE DATE

RETURN COMPLETED APPLICATION TO: PLANT INDUSTRIES SECTION, DELAWARE DEPARTMENT OF AGRICULTURE

Doc. #65-01-08/01/04/01