

PI-17
03/10

Oklahoma Department of Agriculture
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Oklahoma City OK 73152-8804
Fax # 405-522-0625
Mary @ 405-522-5953
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OFFICE USE ONLY

Receipt # _____
418 \$ _____

County _____
Territory # _____

OFFICE USE ONLY

NF11/2 _____
AGN # _____

**NURSERY
GROWER**

This application applies only to the location address for which the license is issued. Each location where plants are sold must be licensed. License year is October 1 through September 30.

PLEASE PRINT

Business Name _____ Phone # _____

Email Address _____ Fax # _____

Selling Address _____ County _____

City _____ Zip Code (9 Digit) _____

Mailing Address _____

City _____ Zip Code (9 Digit) _____

Growing Location Address _____

Please provide directions with Rural Route and Rural 911 addresses.

City _____ Zip Code (9 Digit) _____

Directions _____

Grower License Per Location -----	\$25.00
_____ Sq Ft Greenhouse @ \$1.00/1000 Sq Ft (\$1.00 Minimum) -----	
_____ Acres @ \$1.00/Acre (\$1.00 Minimum) -----	
TOTAL -----	\$

I agree to comply with the Oklahoma Horticulture Law and Rules and Regulations. I agree that when any change in information on this form occurs I will notify the Department of Agriculture in writing.

Owner Date

Please Print Name Email Address

DEBIT / CREDIT CARD INFORMATION

Account # _____ Security Code # _____ Amount Charged \$ _____

Type of Card: Visa Mastercard Discover Expiration Date: _____
MM/YYYY

Authorized Signature: _____

Name On Card: _____