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<b><u>OFFICE USE ONLY</u></b>	
Receipt #	_____
418 \$	_____

# NURSERY GROWER RENEWAL

This application applies only to the location address for which the license is issued.

**PLEASE PROVIDE YOUR LICENSE NUMBER:** NFI1 \_\_\_\_\_ NFI2 \_\_\_\_\_

**PLEASE PRINT**

Business Name \_\_\_\_\_ Phone # \_\_\_\_\_

Location Address \_\_\_\_\_ Fax # \_\_\_\_\_

City \_\_\_\_\_ Zip Code (9 Digit) \_\_\_\_\_

Mailing Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ Zip Code (9 Digit) \_\_\_\_\_

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

*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 _____
Print Name _____	Email Address _____

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**DEBIT / CREDIT CARD INFORMATION**

Card # \_\_\_\_\_ Security Code # \_\_\_\_\_ Amount Charged \$ \_\_\_\_\_

Type of Card:  VISA  Mastercard  Discover Expiration Date: \_\_\_\_\_  
MM/YYYY

Authorized Signature: \_\_\_\_\_

Name On Card: \_\_\_\_\_

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