

PI-17
03/10

Oklahoma Department of Agriculture
2800 North Lincoln Boulevard
P O Box 528804
Oklahoma City OK 73152-8804
Fax # 405-522-0625
Mary @ 405-522-5953
mary.ricciotti@ag.ok.gov

OFFICE USE ONLY

Receipt # _____
418 \$ _____
.....
County _____
Territory # _____

OFFICE USE ONLY

NFD1/2 _____
AGN # _____

**NURSERY
DEALER**

This application applies only to the sales location address for which the license is issued. Each location where plants are sold must be licensed. License year is January through December 31.

PLEASE PRINT

Business Name _____ Phone # _____

Email Address _____ Fax # _____

Location Address _____ County _____

Please provide directions with Rural Route and Rural 911 addresses.

City _____ Zip Code (9 Digit) _____

Mailing Address _____

City _____ Zip Code (9 Digit) _____

Directions _____

Nursery License Per Location ----- \$38.00

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

DEBIT / CREDIT CARD INFORMATION

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

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

Authorized Signature: _____

Name On Card: _____
