

**OFFICE USE ONLY**

LIC # \_\_\_\_\_

AGN # \_\_\_\_\_

Oklahoma Department of Agriculture

P O Box 248958

Oklahoma City, OK 73124-8958

405-522-5953

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**OFFICE USE ONLY**

Receipt # \_\_\_\_\_

418 \$ \_\_\_\_\_

Date: \_\_\_\_\_  
.....

County \_\_\_\_\_

**NURSERY GROWER  
License Application**

This license applies only to the location address for which the license is issued. Each location where live plants are grown must be licensed. **License year is October 1<sup>st</sup> September 30<sup>th</sup> of each year.**

**PLEASE PRINT**

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

Email Address(s) \_\_\_\_\_ Fax \_\_\_\_\_

Location Address \_\_\_\_\_ County \_\_\_\_\_

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

Directions \_\_\_\_\_

Mailing Address (Same ) \_\_\_\_\_

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

**Type Of Growing Operation (Check all that apply):**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Greenhouse        | <input type="checkbox"/> Aquatic       | <input type="checkbox"/> Wholesale Sales | <input type="checkbox"/> Medical Marijuana |
| <input type="checkbox"/> Container Nursery | <input type="checkbox"/> Field Grown   | <input type="checkbox"/> Retail Sales    | <input type="checkbox"/> Industrial Hemp   |
| <input type="checkbox"/> Sod               | <input type="checkbox"/> Ball & Burlap | <input type="checkbox"/> Seasonal Sales  |  |

Nursery License Per Location ----- **\$25.00**

----- Covered Growing Space @ \$1.00 per 1000 Sq Ft (\$1.00 Minimum) -----

----- Acres @ \$1.00 Per Acre (\$1.00 Minimum) -----

TOTAL -----

**Make Checks Payable to Oklahoma Department of Agriculture, Food & Forestry**

*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.*

\_\_\_\_\_  
Signature of Owner, Manager, or Responsible Party\_\_\_\_\_  
Date

Please Print Name \_\_\_\_\_

**Form ID: 41418A**