

OKLAHOMA DEPARTMENT OF AGRICULTURE FOOD AND FORESTRY
CONSUMER PROTECTION SERVICES DIVISION
PO Box 248958
Oklahoma City, OK 73124-8958
PH: (405) 522-5452

OFFICE USE ONLY

DATE: _____

RECEIPT: _____

413 LICENSE _____

APPLICATION FOR OKLAHOMA SEED DEALERS LICENSE

Name of Firm or Individual (Please Type or Print)

Complete Location Address Street City State/Zip Code

Complete Mailing Address Street City State/Zip Code

Contact Person Phone Number Email Address

I hereby apply for the following Type of Oklahoma Seed License: New _____ Renewal _____

Retail: _____ Required by firms or individuals who sell seed to retail purchasers. Cost is \$25.00 and expires 30th day of June, each year.

Wholesale/Retail: _____ Required by firms or individuals who sell to licensed retail seed dealers and directly to seed purchasers. Cost is \$100.00 and expires the 30th day of June each year.

Medical Marijuana: _____ Required by firms or individuals who sell medical marijuana seed to wholesale seed dealer licensees; dispensaries licensed by the Oklahoma Medical Marijuana Authority (OMMA); and growers licensed by the OMMA. Cost is \$100.00 and expires the 30th day of June each year.

LICENSE INFORMATION:

Each location is required to have a separate license.

Out-of-state firms or individuals are required to obtain a license.

Farmers or growers who sell seed are required to have a license.

SEED INSPECTION FEE INFORMATION;

Firms or individuals that label and distribute seed are required to pay an inspection fee of eight cents (\$0.08) per Hundred-pound weight. This requirement is for both instate and out of state firms and shall be reported on semi annual reporting form not later than the last day of January or July for the preceding six (6) month period.

Firms or individuals who do not label seed must have an affidavit on file with the department stating that they sell only seed which has been labeled by another firm or individual who has paid the inspections fees.

Applicant agrees to comply with the Oklahoma Seed Law and the Regulations thereto and understands that this license may be canceled at any time for failure to do so.

(Signature)

(Date)

Card No _____ Amount Paid _____
Type of Card ___ Visa ___ Mastercard ___ Discover ___ Exp. Date (MM/YY) _____
Name on Card _____