Oklahoma Department of Agriculture

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OKLAHOMA Dept. of Agriculture, Food and Forestry

OFFICE USE ONLY
LIC #
AGN #
Receipt #
418 $
Date
County

NURSERY DEALER
New License Application

This license applies only to the location address for which the license is issued. Each location where live plants are sold must have an individual license. License year is January 1 to December 31 of each year.

PLEASE PRINT

Business Name _____ **Owner Name** _____

Email Address(s) _____ **Phone #** _____

Location Address _____ **County** _____

City _____ **Zip Code (9 Digit)** _____

Mailing Address (Same) ☐ _____

City _____ **Zip Code (9 Digit)** _____

TYPE OF OPERATION (Check all that apply):

- ☐ Farmers/Flea Market
- ☐ Garden Center/ Nursery
- ☐ Landscape/Interiorscape
- ☐ Greenhouse
- ☐ Store
- ☐ Sod Store
- ☐ Wholesale Sales
- ☐ Retail Sales
- ☐ Seasonal Sales
- ☐ Medical Marijuana
- ☐ Industrial Hemp

Nursery License Per Location ---------- **$38.00**

Will you have more than one location where you sell plants? Yes ☐ **No** ☐

If Yes, please list the other locations you would like to license in the space provided below.

How many locations would you like to license in total? _____ X $38.00 = _____

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.

_____ _____

Owner, Manager, or Responsible Party **Date**

Additional location address: _____

_____

_____

Form ID: 41418B