

Oklahoma Department of Agriculture



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OFFICE USE ONLY	
LIC #	_____
AGN #	_____
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, with the intent to sell, must be licensed. **License year is October 1 to September 30 of each year.**

PLEASE PRINT

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

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (Same as above ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

TYPE OF GROWING OPERATION (Check all that apply):			
Greenhouse	Aquatic	Wholesale Sales	Medical Marijuana
Container Nursery	Field Grown	Retail Sales	Industrial Hemp
Sod	Ball & Burlap	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) -----	
<b>TOTAL</b> -----	

**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

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