



20 __ NURSERY CERTIFICATE APPLICATION - NEW APPLICANTS ONLY

Certificate Period of January 1 to December 31

Minn. Stat. Sec. 18H.05

Certificate Holder:			Mailing Address (If different from Certificate Holder):		
Legal Name:			Name:		
DBA (If different):			Mailing Address:		
Street Address (No PO Box):			City:	State:	Zip Code:
City:	State:	Zip Code:			
County:	Company Telephone:				

Physical Growing Locations (If different from Certificate Holder):

Please attach directions, legal descriptions, UTM coordinates, and/or maps to growing sites that cannot be located based upon a street address.

Location Name	Street Address	City	County

- Will you hold, water and/or care for nursery stock (trees, shrubs, and perennials) on site for more than 2 weeks? Yes No If yes, approximate retail value: \$_____
- Will you purchase nursery stock from out-of-state sources? Yes No
- Will you grow (in the ground, containers, etc) any nursery stock for sale? Yes No If yes, number of acres to be inspected: _____
- Will you broker nursery stock? Yes No
- Will you operate a tree spade? Yes No

Grower Certificate Fee:

(Check one)

Number of Nursery Stock Acres	Fee		
Less than 1/2 acre	\$150.00	<input type="checkbox"/> Nursery Stock Dealer Certificate	\$ <u>150.00</u> (338210)
From 1/2 acre up to 2 acres	\$200.00		
Over 2 acres up to 5 acres	\$300.00	<input type="checkbox"/> Nursery Stock Grower Certificate	\$ _____ (338010)
Over 5 acres up to 10 acres	\$350.00	(See adjacent schedule.)	
Over 10 acres up to 20 acres	\$500.00		
Over 20 acres up to 40 acres	\$650.00		
Over 40 acres up to 50 acres	\$800.00		
Over 50 acres up to 200 acres	\$1,100.00		
Over 200 acres up to 500 acres	\$1,500.00		
Over 500 acres	\$1,500 plus \$2.00 for each additional acre		

Please note that fees are not refundable nor transferable.

Return this form with your check made payable to:
Minnesota Department of Agriculture,
Attn: Cashier, 625 Robert Street North, St. Paul, MN 55155-2538

SOURCES OF PURCHASED NURSERY STOCK MUST BE LISTED ON THE BACK OF THIS FORM.

Submission of this form confirms the applicant is conducting a valid business that involves growing and/or selling certified nursery stock and will not purchase nursery stock exclusively for personal use.

For Office Use Only

Signature: _____ Date: _____

Name (Please print): _____ Title: _____

Contact Telephone: _____ Fax Number: _____

E-mail Address: _____

SOURCES OF PURCHASED NURSERY STOCK
If no purchases have been made, list most likely sources for the certificate period.
(Attach additional pages if necessary.)

Business Name: _____

Nursery Name	Address	City/State/Zip Code
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