

Pesticide &amp; Fertilizer Management Division, Ph. 651-201-6379 Fax 651-201-6112

Minn. Stat. Sec. 18C.415

**20 APPLICATION FOR FERTILIZER LICENSE**

License Period of January 1 to December 31

The data on this form will be used to process your application. You must provide your Minnesota Tax ID number. If you do not have one, you must provide your social security number (MS Sec 270C.72). We are required by law to collect this information and we cannot grant your license without it. No one will have access to your social security number except those permitted access by law, your written consent, court order, or those department employees whose job duties require access. Pursuant to MS Sec 297A.66 if your company maintains within the state an office or place of distribution or sales person or other employee that solicits, sells or delivers goods or services in the state you must have a Minnesota Tax ID number. If you are unsure if you need a Minnesota Tax ID, contact the Minnesota Department of Revenue at [www.taxes.state.mn.us](http://www.taxes.state.mn.us).

**Does your company maintain within the state an office or place of distribution or sales person or other employee that solicits, sells or delivers goods or services in the state? Yes \_\_\_ or No \_\_. If yes, enter MN Tax ID number in the space provided below .**

<b>Company Information (License Location):</b>			<b>Mailing Address (if different):</b>		
Company Legal Name:			Name:		
DBA (if different):			Mailing Address:		
Street Address (No PO Box) for license location:			City:	State:	Zip Code:
City:	State:	Zip Code:	Company Telephone Number:		
County:			<b>Minnesota Tax ID or SSN:</b>		

**Additional Locations:** (within city limits of city listed above)

Street Address (No PO Box)	City	State	Zip Code	County

If location was previously licensed, name of the previous owner: \_\_\_\_\_

**License Categories:** (A separate application is required for Mobile Blending Units and one application covers all locations outside of Minnesota.)

- |                                                                                                                                                         |                                                                                                       |                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Apply Bulk Ag Fertilizer                                                                                                       | <input type="checkbox"/> Apply Non-Ag Fertilizer                                                      | <input type="checkbox"/> Sell Ag Fertilizer                                                                                    |
| <input type="checkbox"/> Manufacture Secondary or Micronutrient Products (A label/label facsimile must be submitted for each product in this category.) | <input type="checkbox"/> Mobile Blending Unit (Ag Use Only)<br>Number of Mobile Blending Units: _____ | <input type="checkbox"/> Manufacture Fertilizer (A label/label facsimile must be submitted for each product in this category.) |
| <input type="checkbox"/> Store Anhydrous Ammonia                                                                                                        | <input type="checkbox"/> Store Dry Bulk Fertilizer                                                    | <input type="checkbox"/> Store Liquid Bulk Fertilizer                                                                          |

**Application Fees:** (If you have more than one Mobile Blending Unit, there are additional charges. Please contact the MDA for more information.)

 Application Fee: \$ 100.00 **600288(3100)**

 Agricultural Chemical Response and Reimbursement Surcharge (ACRRA): \$ 28.00 **600339(3310)**
**Return this form with your check made payable to:**

MINNESOTA DEPARTMENT OF AGRICULTURE

Attn: Cashier

625 Robert Street North

Saint Paul, MN 55155-2538

**Licenses are not transferable and fees are not refundable.**
**Total Amount Due \$ 128.00**

I hereby certify that the information contained in and submitted with this form is true and correct. I also certify that fertilizer products distributed in Minnesota by my company comply with Minnesota Statute 18C, and do not contain more than 500 parts per million by weight of arsenic.

For Office Use Only

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please print): \_\_\_\_\_ Title: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_