

625 ROBERT STREET NORTH, SAINT PAUL, MN 55155-2538 WWW.MDA.STATE.MN.US

Pesticide & Fertilizer Management Division fertilizer.registration.mda@state.mn.us Minn. Stat. Sec. 18C.305

## New Application for Fertilizer License License Period of January 1 to December 31

New License Number

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.

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.

CONADANY INCODRAATION /	· · · · · · · · · · · · · · · · · · ·	line	MANUAL ADDI	DECC /:f 4	:ffo\			
COMPANY INFORMATION (company/location being licensed)			MAILING ADDRESS (if different)					
Company Legal Name:			Name:					
DBA (if different): Street Address (No PO Box) for License Location:			Mailing Address:					
Street Address (No PO Box) for License Location.			City:			State: Zip Code:		
61. Tr. 6. I			Company Telephone:  Minnesota Tax ID or SSN:					
City: State: Zip Code:								
County:								
ADDITIONAL LICENSE LOCATION (within city limits of city listed above)								
Street Address (No PO BOX)		City	State Zip Code		ode	County		
If location was previously licensed, name of the previous owner:								
LICENSE CATEGORIES (a separat	e license is required	d for Mobile Blendir	ng Units and one licer	ise covers	all location	ons outside	of Min	nesota)
Apply Bulk Ag Fertilizer	Manufacture Secondary or Micronutrient Products (a label/label facsimile must be submitted for each product in this category)					Store Anhydrous Ammonia		
Apply Non-Ag Fertilizer	Mobile Blending Unit (Ag use only) Number of Mobile Blending Units (\$100 first unit, \$50 for each additional unit):					Store Dry Bulk Fertilizer		
Sell Ag Fertilizer	Manufacture Fertilizer (a label/label facsimile must be submitted for each product in this category)					Store Liquid Bulk Fertilizer		
APPLICATION FEES (if you have r	nore than one Mob	ile Blending Unit, th	ere are additional ch	arges. Ple	ase conta	ct the MDA	for mo	ore Information)
			Applicat	tion Fee	ee \$ 100.00 600288(31		600288(3100)	
Agricultural Chemical Response and Reimbu			sement Surcharge (ACRRA) \$ 50.00			600339(3310)		
	<b>Total Due</b> \$ 150.00							
RETURN THIS FORM WITH YOUR CHECK MADE PAYABLE TO			FOR OFFICE USE ONLY					
Minnesota Department of Agriculture Attn: Cashier 625 Robert Street North Saint Paul, MN 55155-2538 Licenses are not transferable and fees are not refundable.								
I hereby certify that the information in Minnesota by my company comp								
Signature:			Name (Please Print):					
Date:	Title:					Phone:		
Email:				Fax:				
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