

20 New Pesticide Dealer License Application

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 No. If yes, enter the MN Tax ID number in the space provided below.

COMPANY INFORMATION (Please print)

| | | | | | |
|----------------------|--------|------|--|--------|------|
| Legal Name: | | | MN Tax ID or if none, Social Security #: | | |
| DBA (If different): | | | Mailing Address (If different): | | |
| Address (No PO Box): | | | | | |
| City: | State: | Zip: | City: | State: | Zip: |
| County: | | | Company Telephone #: | | |

REGISTERED AGENT INFORMATION – MUST RESIDE IN MINNESOTA

Minnesota state law (MN Code Chapter 5, Section 5.36) requires that all business entities continuously maintain a registered office and registered agent in the State of Minnesota. The law is designed to ensure that the general public and the Secretary of State can reliably reach your business.

| | | | | | |
|----------------------|--------|------|---------------------------------|--------|------|
| Legal Name: | | | Mailing Address (If different): | | |
| DBA (If different): | | | | | |
| Address (No PO Box): | | | | | |
| City: | State: | Zip: | City: | State: | Zip: |
| County: | | | Company Telephone #: | | |
| | | | Email: | | |

LICENSED LOCATIONS (If different from Company Information)

| Location | Street Address (No PO Box) | City | State | ZIP | County |
|----------|----------------------------|------|-------|-----|--------|
| 1 | | | | | |
| 2 | | | | | |

LICENSE CATEGORIES (Check all that apply)
 Agricultural Pesticide

 Bulk Pesticide (56 gallons or more)

 Restricted Use Pesticides

APPLICATION FEES

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

| | | |
|---|-----------------|--------------|
| Application Fee: | \$150.00 | 600303(3100) |
| Agricultural Chemical Response and Reimbursement Surcharge (ACRRA): | \$ 75.00 | 600339(3310) |
| TOTAL DUE | \$225.00 | |

I hereby certify that the information contained in and submitted with this form is true and correct.

| | | |
|----------------------|--------|----------------------------|
| Signature: | Date: | FOR OFFICE USE ONLY |
| Name (Please print): | | |
| Title: | | |
| Telephone #: | Fax #: | |
| Email: | | |
| | | Date Processed: |