

PI-17
03/10

Oklahoma Department of Agriculture
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P O Box 528804
Oklahoma City OK 73152-8804
Fax # 405-522-5986
Mary @ 405-522-5953
maryr@oda.state.ok.us

OFFICE USE ONLY

Receipt # _____

418 \$ _____

.....
County _____

Territory # _____

OFFICE USE ONLY

NFD1/2 _____

AGN # _____

**NURSERY
DEALER**

This application applies only to the sales location address for which the license is issued. Each location where plants are sold must be licensed. License expiration date is determined alphabetically by business name.

PLEASE PRINT

Business Name _____ Phone # _____

Email Address _____ Fax # _____

Location Address _____ County _____

Please provide directions with Rural Route and Rural 911 addresses.

City _____ Zip Code (9 Digit) _____

Mailing Address _____

City _____ Zip Code (9 Digit) _____

Directions _____

Nursery License Per Location -----

\$38.00

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

Date

Print Name

Email Address

DEBIT / CREDIT CARD INFORMATION

Account # _____ Security Code # _____ Amount Charged \$ _____

Type of Card: Visa Mastercard Discover Expiration Date: _____
MM/YYYY

Authorized Signature: _____

Name On Card: _____
