



**Ohio Department of Agriculture**  
 Plant Health - Pesticide and Fertilizer Regulation Section  
 8995 East Main Street, Reynoldsburg, OH 43068-3399  
 Telephone: (614) 728-6987 Fax: (614) 728-4235  
[www.agri.ohio.gov](http://www.agri.ohio.gov) Email: [pesticides@agri.ohio.gov](mailto:pesticides@agri.ohio.gov)



**APPLICATION FOR COMMERCIAL FERTILIZER LICENSE**

In accordance with the provisions of Section 905.32 of the Ohio Revised Code, application is made for a license to manufacture or distribute commercial fertilizer in Ohio for the year beginning **DECEMBER 1, 20\_\_ AND ENDING NOVEMBER 30, 20\_\_** .

<b>Company Submitted By:</b> _____	<b>Company Submitted For:</b> _____
<b>Contact Name:</b> _____	<b>Mailing Address:</b> _____
<b>Location Address:</b> _____	<b>Mailing City:</b> _____
<b>Location City:</b> _____	<b>Mailing State &amp; Zip:</b> _____
<b>Location State &amp; Zip:</b> _____	<b>Phone:</b> _____
<b>Location County:</b> _____	

I certify that the name and address shown on the license shall be on all the labels, pertinent invoices, and bulk storage for fertilizers distributed in Ohio.

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

**PAYMENT REQUIRED:**

Remittance of \$5.00 to cover the license fee for the above location payable to the Ohio Department of Agriculture must be enclosed. Payment can be made by check, money order, or credit card: (Please check one)

Amount \$ \_\_\_\_\_

Payment Method:  Check or  Money Order # \_\_\_\_\_  Discover  Visa  Mastercard

If paying by credit card, the following information is required before payment can be processed:

Cardholder Name on Credit Card: \_\_\_\_\_

Credit Card Number: 

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Expiration Date: 

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 (YYYY) 

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