



Ohio Department of Agriculture
PLANT INDUSTRY / 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 Email: pesticides@agri.ohio.gov



APPLICATION FOR LICENSE TO MANUFACTURE SELL OR DISTRIBUTE LIMING MATERIAL

In accordance with the provisions of Section 905.52, of the Ohio Revised Code, application is made for a license to manufacture, sell, or distribute liming material in Ohio for the calendar year **JANUARY 1, 20__ THROUGH DECEMBER 31, 20__**.

LOCATION ID: _____ NAME: _____ (manufacturer, distributor and/or labeler) LOCATION ADDRESS: _____ CITY, STATE, ZIP: _____ OHIO COUNTY: _____ (all other states use "other") MAILING ADDRESS: _____ CITY, STATE, ZIP: _____	PARENT ID: _____ SUBMITTED BY: _____ (mailing address, if different than location) ADDRESS: _____ CITY, STATE, ZIP: _____ OHIO COUNTY: _____ (all other states use "other") PHONE NUMBER: _____ FAX NUMBER: _____ E-MAIL ADDRESS: _____
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PAYMENT REQUIRED:

Remittance of **\$50.00** is enclosed to cover the license fee for the above location payable to the Ohio Department of Agriculture must be enclosed. **Payment by check, money order, or credit card only:**

Payment Method: Check # _____ Money Order Discover Visa Mastercard
 Amount: X \$50.00 = \$, .

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

Name on Credit Card:

Credit Card Number:

Expiration Date: (MM) (YYYY) (CVV)

Signature (**required**): _____

I hereby certify that the name and address which appears on the application will be the same on all labels, pertinent invoices, and bulk storage for each product distributed in Ohio, for which labels are submitted.

SIGNATURE: _____ **DATE:** _____
PRINTED NAME: _____ **TITLE:** _____

Labels Attached?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Applications can be mailed or faxed.