

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 NON-AGRICULTURAL PRODUCTION  
CUSTOM MIXED FERTILIZER BLENDER LICENSE**

In accordance with the provisions of Section 905.331, of the Ohio Revised Code, application is made for registration for a license to engage in the business of blending a custom mixed fertilizer for lawns, golf courses, recreation areas, or other real property that is not used for agricultural production, for the fiscal year beginning **DECEMBER 1, 20\_\_ AND ENDING NOVEMBER 30, 20\_\_**.

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

**PAYMENT REQUIRED:**

Remittance of \$100.00 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 \$100.00 = \$  ,  .

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)

Signature (required): \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

If the firm responsible for completing the application and semiannual tonnage report is different than the above address, please complete the following:

**FIRM:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**All applications must be mailed – NO FAXES.**