

625 Robert St. N., St. Paul, MN 55155-2538 www.mda.state.mn.us

Pesticide & Fertilizer Management Division Ph. 651-201-6615 Fax 651-201-6105

New License Number:

Minn Stat. Sec. 18B.31 & 18B.316

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,

| | | | state? Yes or N | lo | . If yes, enter MN Tax | ID numbe | er in the s | pace | provided below . | |
|---|----------------------------------|--------------|-----------------------------|---|---------------------------------|---------------|--------------|--------------|------------------------------|--|
| Company | Information (Plea | ase print) | | | | | | | | |
| Legal Name: | | | | MN Tax ID or if none, Social Security Number: | | | | | | |
| DBA (if different): | | | | Mailing Address (if different): | | | | | | |
| Street Address (No PO Box): | | | | Cit | y: | Sta | ate: | Zip C | Code: | |
| City: | | State: | te: Zip Code: | | mpany Telephone: | | | | | |
| County: | | | | | | | | | | |
| Register | ed Agent Informat | ion | nd you sall Agricultural Pe | octici | dos into the state, you mus | et cupply thi | c informatio | n | | |
| If your company is located outside of Minnesota and you sell Agricultural Pe Legal Name: | | | | | Mailing Address (if different): | | | | | |
| DBA (if different): | | | | Cit | City: State | | | e: Zip Code: | | |
| Street Address (No PO Box): | | | | Telephone: | | | | | | |
| City: | | State: | Zip Code: | E-mail: | | | | | | |
| County: | | | | \dagger | | | | | | |
| Licensed | Locations (if differ | rent from Co | mpany Information) | | | | | | | |
| Location | ation Street Address (No PO Box) | | | | City Star | | Zip code | | County | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| License Categories (Check all that apply): Agricultural Pesticide Bulk Pesticide (56 gallons or more) Restricted Use Pesticide | | | | | | | | | | |
| Applicat | ion Fees | | | | | | | | | |
| Application Fee: | | | | | | | \$15 | | 600303(3100) 600339(3310) | |
| —————————————————————————————————————— | | | | | | | | | | |
| Return this form with your check made payable to: MINNESOTA DEPARTMENT OF AGRICULTURE ATTN: Cashier 625 Robert Street North Total Due: \$225.00 | | | | | | | | | | |
| l ia | Saint Paul | , MN 55155-2 | 538 | | | | | | | |
| Licenses are not transferable and fees are not refundable. I hereby certify that the information contained in and submitted with this form is true and correct. For Office Use Only | | | | | | | | | | |
| | | | | | | | 10 | onice | e Use Offiny | |
| | : | | | | | | | | | |
| Name (Please print): Title: | | | | | | | | | | |
| Contact Telephone: Fax Number: | | | | | | | | | | |
| E-mail Ad | ldress: | | | | | | | | | |