

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

New License Number:

**20 NEW PESTICIDE DEALER LICENSE APPLICATION**

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

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, sells or delivers goods or services in the state? Yes \_\_\_ or No \_\_.** If yes, enter MN Tax ID number in the space provided below .

<b>Company Information</b> (Please print)			
Legal Name:		MN Tax ID or if none, Social Security Number:	
DBA (if different):		Mailing Address (if different):	
Street Address (No PO Box):		City:	State: Zip Code:
City:	State:	Zip Code:	Company Telephone:
County:			

<b>Registered Agent Information</b>			
If your company is located outside of Minnesota and you sell Agricultural Pesticides into the state, you must supply this information.			
Legal Name:		Mailing Address (if different):	
DBA (if different):		City:	State: Zip Code:
Street Address (No PO Box):		Telephone:	
City:	State:	Zip Code:	E-mail:
County:			

<b>Licensed Locations</b> (if different from Company Information)					
Location	Street Address (No PO Box)	City	State	Zip code	County
1					
2					
3					
4					

**License Categories** (Check all that apply):  
 Agricultural Pesticide       Bulk Pesticide (56 gallons or more)       Restricted Use Pesticide

**Application Fees**

Application Fee:	\$150.00	<b>600303(3100)</b>
Agricultural Chemical Response and Reimbursement Surcharge (ACRRA):	\$41.00	<b>600339(3310)</b>

**Total Due: \$191.00**

**Return this form with your check made payable to:**  
 MINNESOTA DEPARTMENT OF AGRICULTURE  
 ATTN: Cashier  
 625 Robert Street North  
 Saint Paul, MN 55155-2538  
**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.  Signature: _____ Date: _____ Name (Please print): _____ Title: _____ Contact Telephone: _____ Fax Number: _____ E-mail Address: _____	For Office Use Only
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