



FLORAL DEALER PERMIT APPLICATION

Please fill in all information in the blocks below. Use capital letters to fill out form.

BUSINESS NAME											
MAILING ADDRESS											
CITY						STATE	ZIP CODE				
PHYSICAL ADDRESS											
CITY						STATE	ZIP CODE				
CONTACT NAME	Mr.	Ms.	Mrs.	PARISH							
FIRST						BUS. PHONE					
MIDDLE						FEDERAL TAX ID					
LAST						* LA STATE TAX ID					
SUFFIX						*State Tax ID required					
EMAIL											

	LOCATIONS					TOTAL
NUMBER OF LOCATIONS	<input type="text"/> <input type="text"/> <input type="text"/>	x	\$100.00=	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
			TOTAL FEES	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00

In order to apply for a floral dealer permit, the applicant must be involved in the business of selling cut flowers and ornamental plants in pots.

INSTRUCTIONS:

- If you need additional forms, contact Horticulture Commission at (225) 952-8100 or horticulture@ldaf.state.la.us.
- Add new locations in the blocks provided.
- Fill in the total number of locations and calculate total fee.
- Do not staple payment to your application. Checks or Money Orders are the only method of payment accepted.
- **DO NOT MAIL CASH.** Make payment to: **LOUISIANA HORTICULTURE COMMISSION** Mail to:
5825 Florida Blvd., Suite 1003, Baton Rouge, LA 70806.

I (we) hereby agree to abide by the Louisiana Horticulture Law, Rules and Regulations.

SIGNATURE	<input style="width:100%; height: 1.2em;" type="text"/>
DATE	<input style="width:20%; height: 1.2em;" type="text"/> <input style="width:20%; height: 1.2em;" type="text"/> <input style="width:20%; height: 1.2em;" type="text"/> <input style="width:20%; height: 1.2em;" type="text"/>

FLORAL PERMIT 0130 1605 02 3036

AES-56-42 (r. 11/24)

OFFICE USE	
Transmittal #	
Check #	<input style="width:100%; height: 1.2em;" type="text"/>
Date	<input style="width:100%; height: 1.2em;" type="text"/>
Amt. \$	<input style="width:100%; height: 1.2em;" type="text"/> .00

NEW LOCATION INFORMATION

LOCATION NAME

PHYSICAL ADDRESS

CITY STATE ZIP CODE

PARISH STORE NO.

LOCATION PHONE LA STATE SALES TAX #

1

LOCATION NAME

PHYSICAL ADDRESS

CITY STATE ZIP CODE

PARISH STORE NO.

LOCATION PHONE LA STATE SALES TAX #

2

LOCATION NAME

PHYSICAL ADDRESS

CITY STATE ZIP CODE

PARISH STORE NO.

LOCATION PHONE LA STATE SALES TAX #

3

LOCATION NAME

PHYSICAL ADDRESS

CITY STATE ZIP CODE

PARISH STORE NO.

LOCATION PHONE LA STATE SALES TAX #

4

LOCATION NAME

PHYSICAL ADDRESS

CITY STATE ZIP CODE

PARISH STORE NO.

LOCATION PHONE LA STATE SALES TAX #

5

LOCATION NAME

PHYSICAL ADDRESS

CITY STATE ZIP CODE

PARISH STORE NO.

LOCATION PHONE LA STATE SALES TAX #

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