



NEW SEED DEALER LICENSE APPLICATION

PHYSICAL LOCATION ADDRESS

Location Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Parish: _____ Phone Number: _____
Tax ID or Social Security Number: _____

CORPORATE ADDRESS

Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____

MAILING ADDRESS FOR LICENSE

(Provide if different from Corporate Address)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____

INSTRUCTIONS

- **Fee: \$150.00 per year (July 1 – June 30) for each place of business.** Mail completed application along with check or money order.
- Make check payable to: Louisiana Department of Agriculture and Forestry, 5825 Florida Blvd., Suite 1003, Baton Rouge, LA 70806.
- **DO NOT SEND CASH.**
- For information, contact (225) 925-4733 or email seed@ldaf.state.la.us.

CONTACT PERSON

First Name: _____ Last Name: _____ Suffix: _____
Phone Number: _____ Email: _____

SEED DEALER LICENSE 0855

OFFICE USE									
Transmittal #									
Check #									
Date									
Amt. \$.00