



## NURSERY STOCK DEALER PERMIT APPLICATION

Please fill in all information below.

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CONTACT NAME  MR  MS  MRS PARISH: \_\_\_\_\_

FIRST: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_

MIDDLE: \_\_\_\_\_

LAST: \_\_\_\_\_ \*LA STATE TAX ID: \_\_\_\_\_

SUFFIX: \_\_\_\_\_ \*Permit cannot be issued without a state tax ID number

EMAIL: \_\_\_\_\_ Example: 0000000-000

NUMBER OF LOCATIONS	LOCATIONS	TOTAL
_____	X	\$150.00 = \$ _____ .00

### Statement of Understanding (check box if applicable):

According to LAC 7:XXIX 109.C.4, government agencies, schools, and nonprofit organizations are exempt from the payment of fees. Please check the box if applicable. A renewal is still required to be submitted.

In order to apply for a nursery stock dealer permit, the applicant must be involved in the business of selling nursery stock.

### Instructions:

- If you need additional forms, contact Horticulture Commission at (225) 952-8100 or [horticulture@ldaf.state.la.us](mailto: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: \_\_\_\_\_ DATE: \_\_\_\_\_

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



## 1 - NEW LOCATION INFORMATION

LOCATION NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARISH: \_\_\_\_\_ STORE NUMBER: \_\_\_\_\_

LOCATION PHONE NUMBER: \_\_\_\_\_ LA STATE SALES TAX NUMBER: \_\_\_\_\_

## 2 - NEW LOCATION INFORMATION

LOCATION NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARISH: \_\_\_\_\_ STORE NUMBER: \_\_\_\_\_

LOCATION PHONE NUMBER: \_\_\_\_\_ LA STATE SALES TAX NUMBER: \_\_\_\_\_

## 3 - NEW LOCATION INFORMATION

LOCATION NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARISH: \_\_\_\_\_ STORE NUMBER: \_\_\_\_\_

LOCATION PHONE NUMBER: \_\_\_\_\_ LA STATE SALES TAX NUMBER: \_\_\_\_\_

## 4 - NEW LOCATION INFORMATION

LOCATION NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARISH: \_\_\_\_\_ STORE NUMBER: \_\_\_\_\_

LOCATION PHONE NUMBER: \_\_\_\_\_ LA STATE SALES TAX NUMBER: \_\_\_\_\_

## 5 - NEW LOCATION INFORMATION

LOCATION NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARISH: \_\_\_\_\_ STORE NUMBER: \_\_\_\_\_

LOCATION PHONE NUMBER: \_\_\_\_\_ LA STATE SALES TAX NUMBER: \_\_\_\_\_