

# CUT FLOWER 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: 00000000-000

	LOCATIONS			TOTAL
NUMBER OF LOCATIONS	<u>          </u>	X	\$90.00	= \$ <u>          </u> .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 cut flower dealer permit, the applicant must be involved in the business of selling cut flowers.

### 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: \_\_\_\_\_ 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: \_\_\_\_\_