



CUT FLOWER DEALER PERMIT APPLICATION

Please fill in all information 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: _____

LAST: _____ *LA STATE TAX ID: _____

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

EMAIL: _____ Example: 0000000-000

	LOCATIONS			TOTAL
NUMBER OF LOCATIONS	_____	X	\$90.00 =	\$ _____ .00
			TOTAL FEES	\$ _____ .00

☐ 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: _____