

**Office Of The State Entomologist
University Of Kentucky
Room S-225 Agricultural Science Center North
Lexington, Kentucky 40546-0091
Phone: (859) 257-5838; Fax: (859) 257-3807**

NURSERY/DEALER LICENSE APPLICATION

NURSERY/DEALER PROPERTY LOCATION *(Please print clearly or type)*

Nursery Name: _____

Street Address: _____

City: _____ State _____ Zip _____ - _____

County: _____ Phone: (_____) _____ Fax: (_____) _____

Email _____ Owner/Manager _____

Describe in words or by sketch map how the nursery fields can be located for inspection.

MAILING ADDRESS *(if different from above)*

Nursery Name: _____

Address: _____

City: _____ State _____ Zip _____ - _____

Owner/Manager _____ E-mail: _____

Phone: (_____) _____ Fax: (_____) _____

TYPE OF BUSINESS (please mark one):

_____ Production Nursery (*Class A Nursery*). **\$40 plus \$1.50 per acre** (area in production)

_____ Garden center, landscaper, or other business that does not grow nursery stock but does overwinter more than 10% of their nursery stock (*Class B Nursery*). **\$40/location** (use a separate application form for each location)

_____ Garden center, landscaper, or other business that does not grow or overwinter nursery stock (*Class A Dealer*). **\$40/location**

_____ Business which does not grow nursery stock and derives less than 10% of total income from the sale of nursery (*Class B Dealer*). **\$25/location** Please note: Before a Class B dealer license will be issued to your company, please call to verify that you meet the required standards. (central offices applying for certificates for multiple locations may use one form and list outlets on a separate sheet)

Please complete additional information on reverse side.

- List below the sources from which your nursery stock will be obtained. If more space is needed, continue list on separate sheet. This information is very important for tracking nursery stock in case of a pest outbreak.

SUPPLIER NAME	SUPPLIER ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

METHOD OF MARKETING (Check all that apply)

- ___ Wholesale, Do you ship plant material out of state? _____
- ___ Retail (Garden center, mass merchandiser, etc.)
- ___ Landscaping / Landscape contracting
- ___ Government agency
- ___ Other (Specify) _____

TYPE OF FACILITY OR METHOD OF PRODUCTION

- ___ Field, Number of acres in production: _____
- ___ Greenhouse _____ Acres or _____ Square feet
- ___ Containerized production
- ___ Propagation
- ___ Check type(s): bare root _____ container _____ tissue culture _____ seed _____ other _____
- ___ Other, (Specify) _____

TYPE OF NURSERY STOCK

- ___ Conifer trees
- ___ Conifer shrubs
- ___ Shade and ornamental trees
- ___ Flowering and ornamental woody shrubs or vines
- ___ Ground covers
- ___ Herbaceous perennials
- ___ Sod
- ___ Fruit trees
- ___ Nut trees
- ___ Bush and vine fruit
- ___ Roses
- ___ Other, (Specify) _____

Applicant signature _____ Date _____

Sign and date the application and return it along with the appropriate license fee (see bottom of front page). Make checks payable to **KENTUCKY AGRICULTURAL EXPERIMENT STATION** and mail to the address on top of front page.