Fertilizer License Application

whose name appears on the label or invoice shall apply for a license prior to the distribution of a fertilizer in Illinois

Illinois Department of Agriculture, Bureau of Agricultural Products Inspection
State Fairgrounds -- P.O. Box 19281
Springfield, IL 62794-9281
(217) 782-3817 TTY: (217) 524-6858
www.agr.state.il.us

License fee is $100.00 for the primary location and an additional $50.00 for each additional site in ILLINOIS.

Office Use

Check#_____ Total Amount $_____

Amount $_____ RC 107 Amount $_____RC 105 Amount $_____RC 106

Amount $_____ RC 135 Other: _____

For License Year: _____

Business Name: _____ Physical Address: _____

Registration Number:_____ City: _____ State: _____ Zip Code: _____

Contact Person#:: _____ Mailing Address: _____

Telephone: _____ City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Business FEIN#: _____

(Check √)

▪Type of Operation: Manufacturer: __ Distributor only: __ Custom Blender*: __ Broker: __ Other (Describe):_____ *If a custom blender, type of custom blend: Liquid ____ Dry____

▪Store bulk fertilizer? Yes ____ No_____ ▪Store anhydrous ammonia as a fertilizer? Yes ____ No_____

Entities who store anhydrous ammonia as a fertilizer, store bulk fertilizer, or custom blend a fertilizer at more than one site under the same entity's business name shall list any and all additional sites operated in ILLINOIS:

Office Use	County	Plant Manager	Address (street, city & zip code)	Telephone #

Attach "Additional Sites" form if necessary for more plants.

TOTAL NUMBER OF PLANTS OPERATED IN ILLINOIS UNDER THIS LICENSE:_____

Under the Il. Administrative Procedures Act, each State agency must require license holders to certify: "I hereby certify, under penalty of perjury, that (please check one√)

____I am not subject to a child support order" ____I am not more than 30 days delinquent in complying with a child support order" ____ I am more than 30 days delinquent in complying with a child support order".

Failure to so certify may result in denial of the application/renewal; and making false statements may subject the licensee to contempt of court (5ILCS 10/1 0-65 c)

I hereby certify that if a license is granted under this application, I agree to conform and conduct my business in accordance with the provisions set forth in the Illinois Fertilizer Act and its rules and the regulations pursuant thereto and that all information contained herein is true and accurate to the best of my knowledge.

_____ _____ _____

(Print or type name of authorized representative) (Signature of authorized representative) (Date)

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Illinois Revised Statutes, Chapter 56 1/2, Paragraphs 55-1through55-21. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management. IL406-0039

Fertilizer License Application - Additional Sites

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(217) 782-3817 TTY: (217) 524-6858
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Business Name: _____ Registration Number: _____

For License Year: _____

License fee is $100.00 for the primary location and an additional $50.00 for each additional site in ILLINOIS.

Entities who store anhydrous ammonia as a fertilizer, store bulk fertilizer, or custom blend a fertilizer at more than one site under the same entity's business name shall list any and all additional sites operated in ILLINOIS:

Office Use	County	Plant Manager	Address (street, city & zip code)	Telephone #

Attach "Additional Sites" form if necessary for more plants.

PLEASE ATTACH THIS FORM WITH MAIN FERTILIZER LICENSE APPLICATION FORM.