

STATE OF ILLINOIS  
DEPARTMENT OF AGRICULTURE

**APPLICATION FOR REGISTRATION**  
**2017 Nursery Dealer Registration**

Billing Name & Address:

Mail application and appropriate fee payable to:

Illinois Department of Agriculture  
Bureau of Environmental Programs  
P.O. Box 19281  
Springfield, IL 62794-9281  
(217) 785-2427 -- TDD # (217) 785-2427

Fees for **each** location: \$50.00

Please provide the address of **each** location to be licensed (if additional space is needed, please attach a separate sheet):

1. \_\_\_\_\_  
(Facility name & street address) (City) (State) (Zip Code)
2. \_\_\_\_\_  
(Facility name & street address) (City) (State) (Zip Code)
3. \_\_\_\_\_  
(Facility name & street address) (City) (State) (Zip Code)
4. \_\_\_\_\_  
(Facility name & street address) (City) (State) (Zip Code)
5. \_\_\_\_\_  
(Facility name & street address) (City) (State) (Zip Code)
6. \_\_\_\_\_  
(Facility name & street address) (City) (State) (Zip Code)

I (We) buy Nursery Stock for (check all that apply):

- \_\_\_\_\_ Landscaping  
\_\_\_\_\_ Retail Outlet  
\_\_\_\_\_ Christmas Trees only

I obtain certified nursery stock for resale.

Contact Person: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_

FEIN/SSN: \_\_\_\_\_

IBT # (Sales Tax) \_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

Note: This registration form must be completed & returned within 30 days. Please include all fees with your application and retain a copy for your records.

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 505 ILCS 90/1. Failure to provide this information shall prevent this form from being processed. This form has been approved by the state forms management center.

For Office Use Only:

Date Received: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Revenue Code **519**