

Maine Department of Agriculture, Conservation and Forestry

Division of Animal and Plant Health
 28 State House Station
 Augusta, ME 04333
 (207) 287-3891
www.maine.gov/dacf/php/horticulture

OFFICE USE ONLY

Date Fee Rec'd: _____
 Amt of Fee: _____
 License #: _____
 Date Issued: _____

APPLICATION FOR A LICENSE TO SELL PLANTS**(Renewal _____ or New _____)**

Maine Revised Statutes Annotated (Title 7 MRSA sec.2171) requires that all businesses selling plants, defined as Nursery Stock, obtain a license. (See back of application for definitions.)

1. **Name of Firm** (or Individual): _____
2. **Firm location/Street Address:** _____
 Town: _____ County: _____ Zip Code: _____
3. **Name of Proprietor/Manager** _____ Location Phone# _____
4. **Mail Address:** _____ Town: _____ State: _____ Zip Code: _____
5. **E-Mail address:** _____ **Website:** _____
6. **Address of Branch Offices or Other Sales Locations:** Each permanent sales location must be licensed. Attach a separate sheet, include address, manager's name, phone # and any other information required on this form.
7. **Plant Sales at Your Operation Include:** Check all that apply
 - a. Wholesale Retail
 - b. Plants that I grow Plants that are grown by others
 - c. Annuals AquaticPlants Bulbs Fall Mums House Plants Perennials Poinsettias Woody Plants
 Other (Please Specify) _____
 - d. I am growing and/or selling plants: All Year January February March April May June July
 August September October November December
8. **Size of Growing Area:** Greenhouse Growing Area in Square Feet: _____
 Field Growing Area in Acres: Perennials _____ Woody Plants _____
9. **Sources of Plants:** List major suppliers of plant material that are sold, but not produced by your company.

Name	Address (minimum town and state)	Type of Plants (annuals, woody etc)

10. **Directions to Location** (include directions and/or a map):

11. **LICENSE FEE:** A fee of \$25.00, \$5.00 or no fee is required for each license issued. (Fee schedule and declaration on back of application.) Make check payable to TREASURER, STATE OF MAINE and return form to above address.

12. **Signature:** _____ **Date:** _____

