

**APPLICATION  
FOR FACILITY LICENSE**  
Under The  
**ARKANSAS FERTILIZER LAW AND REGULATIONS**

For Fiscal Year ending June 30, 20 \_\_\_\_

**Instructions:** Complete the sections below and submit to:  
The Arkansas State Plant Board,  
P. O. Box 1069, Little Rock, AR 72203.

**A separate application is required for each Arkansas location.**

(If you have a Fertilizer product to register you will need to complete Form 1055)

**Fertilizer Facility License:** A separate license is required for each Arkansas location where fertilizer is blended or stored in bulk. Facility licenses expire June 30. Incomplete applications cannot be processed.

Please *circle the following numerical code(s)*, indicating the type of facility:

- |  |  |
|--|--|
| 1 - Dry Bulk Blending                          | 5 - Anhydrous Ammonia                        |
| 2 - Liquid Mixed                               | 6 - Nitrogen Solutions                       |
| 3 - Dry Bulk Distribution only (no mixing)     | 7 - Dry Bagged Distribution only (no mixing) |
| 4 - Liquid Mixed Distribution only (no mixing) |  |

Fertilizer Facility License Fee \$50.00 .....AMOUNT ENCLOSED \$ \_\_\_\_\_

**CHECK ONE:**    New \_\_\_\_\_    Renew \_\_\_\_\_    License # \_\_\_\_\_

**Facility Location:**

Firm Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

**Mailing Address: (if different from above):**

Firm Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

*I hereby certify that I will observe the current Fertilizer Law and Regulations. I understand that failure to comply with such regulations could result in cancellation of my facility license.*

Signature \_\_\_\_\_ Date \_\_\_\_\_