



In accordance with 1931 Public Act 189, as amended.

Nursery Stock Dealer & Grower License Application

License Year Ending: _____ Status: New Renewal No Longer Needed
 If Renewal, License No. of Establishment _____

Business Information

Business Name: _____
 Business Address: _____
 City: _____ State: _____
 County: _____ Zip: _____
 Business Phone: (____) _____ Business Fax: (____) _____
 Business Email: _____
 Mailing address if different from above: Street or P.O. Box: _____

Corporate/Owner Information

Ownership Type: Corporation Sole Ownership Partnership L.L.C. Other: Specify _____
 Corporation Name: _____
 Owner/President (CEO) Name: _____
 Street Address of Corporation or Owner: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____ Fax: (____) _____ Email: _____
 Cell Phone: (____) _____ DBA Expiration Date: _____
 (Submit copy of DBA w/ application.)

Federal/Tax ID #

License Fees (Non-refundable)

Grower License AOBJ: 0185 <input type="checkbox"/> General Nursery Stock Grower \$100 (Inspection Required)	Dealer License AOBJ: 0342 <input type="checkbox"/> Nursery Stock Dealer \$100 <input type="checkbox"/> Nursery Stock Dealer Market \$100
<input type="checkbox"/> Small Scale Grower* \$40 <input type="checkbox"/> Small Scale Grower Market* \$40	
<small>*eligibility determined by MDA</small>	

Both \$40 fees: AOBJ: 0341

Payment Method: Check/Money Order No. _____ Amount enclosed: _____

Please make check/money order payable to the State of Michigan and submit to the address at the top of the page.

Signature: _____ Date: _____

Please print your name here: _____

Title: _____

