Fertilizer License Application whose name appears on the label or invoice shall apply for	Check# Total Amount \$				Office Use		
a license prior to the distribution of a fertilizer in Illinois	Amount \$	RC 107	Amount \$		_RC 105	Amount \$	RC 106
Illinois Department of Agriculture, Bureau of Agricultural Products Inspection State Fairgrounds P.O. Box 19281 Springfield, IL 62794-9281	Amount \$	RC 135	Other:				
(217) 782-3817 TTY: (866) 287-2999 www.agr.state.il.us							
License fee is \$100.00 for the primary location and	For License Year:						
an additional <u>\$50.00</u> for each additional site in ILLINOIS.							
Business Name:	Physical Address:						
Registration Number:	City:			_ State:	2	Zip Code:	
Contact Person#::	Mailing Address:						
Telephone:	City:			_ State:	Zi	ip Code:	
E-Mail Address:			Business F	EIN#:			
(Check √) •Type of Operation: Manufacturer: Distributor only: Custom Blender*: Broker:				*If a custor	m 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 II. Administrative Procedures Act, each State agency must require license holders to certify: "I hereby certify, under penalty of perjury, that (please check one $\sqrt{}$ )

\_\_\_\_\_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 55-1 through 55-21. 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

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

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.						