



**Idaho Department of Agriculture
Plant Industries Division
2270 Old Penitentiary Road, PO Box 7249
Boise, Idaho 83707
Ph: (208) 332-8620; Fax: (208) 334-2283**

Application and fees must be received before nursery and floral stock is sold.
If paying by check, make the checks payable to the Idaho State Department of Agriculture.

Type of license for which you are applying:

- ____ Regular fee \$100 per location (\$25 is deposited into the Nursery/Florist Research Account for industry use)
____ Late fee \$25 (Due for applications received after February 1st for previously licensed nurseries/florists)
____ Temporary fee \$25 (Sale period not to exceed 7 consecutive days, non-profit organizations only) List Dates: _____
____ Agent fee \$25 (Persons solicitating orders for out of state unlicensed firms)

Company - Mailing Address

Company name: _____
Owner: First Name: _____ **Last Name:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Email:** _____
SSN or EIN: _____ **County:** _____

Properties and Facilities - Physical Locations (if different)

Property

Name: _____
Contact: First Name: _____ **Last Name:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **County:** _____

Facility

Name: _____
Contact: First Name: _____ **Last Name:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **County:** _____

Nursery Types of operation(s) in which the business is engaged (check all that apply):

Christmas Trees: ____ **Florist:** ____ **Greenhouse Grower:** ____
Grocery Store: ____ **Landscape Contractor:** ____
Nursery Stock/Wholesale: ____ **Retail Nursery/Garden Center:** ____ **Sod:** ____
Other: _____ **Acres:** ____ **Greenhouse (sq. ft.):** ____

I certify that the information on this application is true and correct.

Signature and Date: _____