APPLICATION FOR VIRGINIA PESTICIDE BUSINESS LICENSE

to sell, distribute, store, apply, or recommend pesticides for use.

The annual business license fee is $50.00. Please make check payable to: Treasurer of Virginia. Mail (1) application, (2) check, and (3) evidence of financial responsibility to the above address. If you have any questions, please call Reba Gilliam at 804-786-1025.

Licenses expire on March 31 each year. Licenses renewed after March 31 each year are subject to a 20 percent late fee.

Please type or print the following information:

LEGAL NAME OF BUSINESS:

TRADING AS:

FEDERAL IDENTIFICATION NUMBER:

MAILING ADDRESS        CITY:

COUNTY:        STATE:        ZIP CODE:

NAME OF AUTHORIZED REPRESENTATIVE:

TITLE:        BUSINESS PHONE NO.

I certify that I understand my legal responsibilities for the use, supervision of use, sale, distribution, or storage of pesticides, and that if I sell pesticides, I will sell restricted use pesticides only to individuals who possess a valid pesticide applicators certificate, or to their representative.

SIGNATURE OF REPRESENTATIVE:         DATE: _________________

This business will engage in the following (CHECK ALL THAT APPLY):

____ SELLING GENERAL USE PESTICIDES    ____ DISTRIBUTION    ____ APPLYING PESTICIDES*

____ STORAGE    ____ BULK STORAGE

____ RECOMMENDING FOR USE ANY PESTICIDE*    ____ SELLING RESTRICTED USE PESTICIDES*

*Requires a certified commercial applicator to be employed; provide information below:

Name of Applicator:        Certificate Number: _______________________

ATTACH A COPY OF THE LIABILITY INSURANCE CERTIFICATE TO THE APPLICATION

BUSINESS PHYSICAL LOCATION ADDRESS:

STREET:        CITY:

COUNTY:        STATE:        ZIP CODE:

BUSINESS BILLING ADDRESS IF DIFFERENT FROM ABOVE:

STREET:        CITY:

COUNTY:        STATE:        ZIP CODE:

HOW DID YOU LEARN ABOUT THIS REQUIREMENT? (CHECK ALL THAT APPLY):

____ CALL TO VDACS*        ____ EXTENSION        ____ PESTICIDE SUPPLIER

____ VDACS* INVESTIGATOR        ____ RETAIL DISPLAY        ____ VDACS WEB PAGE

____ OTHER

*VIRGINIA DEPT OF AGRICULTURE & CONSUMER SERVICES

FOR DEPARTMENT USE ONLY:

Business License No.: _______________________

Date Keyed: _________________

Keyed by: _______________________

AMOUNT TO REMIT: $50.00

VDACS ACCT. 757-09-02438

VDACS-07209  09/16