APPLICATION FOR VIRGINIA FERTILIZER/LIME CONTRACTOR-APPLICATOR PERMIT

Application is hereby made by the undersigned for a permit to do business as a Fertilizer/Lime Contractor-Applicator as defined by Section 3.2-3608 of the Virginia Fertilizer Law and Section 3.2-3704 of the Virginia Agricultural Liming Materials Law of the Code of Virginia (1950), as amended.

The annual permit fee is $50.00. Please make check payable to: Treasurer of Virginia. Mail application and check to PO Box 526, Richmond, VA 23218-0526. Permits expire on March 31st of each year.

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

Name of Individual: _____________________________________________________________

or

Name of Business: _______________________________________________________________

Physical Address: ________________________________________________________________

City: ___________________________ State: _______ Zip: __________ County: ______________

Mailing Address: ________________________________________________________________

City: ___________________________ State: _______ Zip: __________ County: ______________

Business Phone: ______________________ Fax: _____________________ E-mail: ___________________

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

_____ Sell Fertilizers, Soil Amendments or Horticultural Growing Mediums

_____ Apply Fertilizers, Soil Amendments or Horticultural Growing Mediums

_____ Sell Liming Materials

_____ Apply Liming Materials

I certify that I understand my legal responsibilities and shall guarantee compliance with all provisions of the Virginia Fertilizer Law and the Virginia Agricultural Liming Materials Law to include an assurance of delivery of the grade of fertilizer / lime as described on the consumer’s invoice.

SIGNATURE: ________________________________ DATE: __________________________

For Department Use Only:

Remittance:

Business License No: ______________________

Permit Fee (885-02146) __________

Date Keyed/By: __________________________

Late Fee, if applicable (885-02452) __________

Date Mailed/By: _________________________

Total Fees Paid __________