



In accordance with 1994 Public Act 451.

Restricted Use Pesticide Dealer License Application

License Year Ending: December 31 _____ Status: [] New [] Renewal [] No Longer Needed

Business Information

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

Blank Space
For Official Use Only

Corporate/Owner Information

Ownership Type: [] Corporation [] Sole Ownership [] Partnership [] L.L.C. [] Other: Specify _____
Corporation Name: _____
Street Address of Corporation: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax:(____) _____ Email: _____
Federal/Tax ID #

For Official Use Only

Approved: _____ Date License Issued: _____
Score: _____ Corporate ID #: _____

License Fees (Non-refundable) AOBJ: 0190

[] Dealer License Fee \$100

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.

Person in Charge Signature: _____ Date: _____

Please print your name here: _____

Title: _____

Application continues on the back of this form