



**Michigan Department of Agriculture  
and Rural Development**

PI-017 (11/30)

P.O. Box 30776, Lansing, MI 48909-8246 | 517-284-5771

In accordance with 1931 Public Act 189, as amended.

### Nursery Dealer and Grower License Application

License Year\* Ending: \_\_\_\_\_  New  Renew License Number: \_\_\_\_\_

#### Business Establishment Information

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Business Email: \_\_\_\_\_

#### Corporate/Owner Information

Ownership Type:  Corporation  Sole Ownership  Partnership  L.L.C.  Other: Specify \_\_\_\_\_  
Corporation Name: \_\_\_\_\_  
Owner/President (CEO) Name: \_\_\_\_\_  
Street Address of Corporation or Owner: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Alt Phone: \_\_\_\_\_ DBA Expiration Date: \_\_\_\_\_ Federal/Tax ID# \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### License Fees\*\* (Non-refundable)

<input type="checkbox"/> Nursery Grower License - \$100	<input type="checkbox"/> Nursery Dealer License - \$100 I certify that I will buy and resell only certified nursery stock.
<input type="checkbox"/> Small-scale Nursery Grower License - \$40 Eligibility determined during inspection.	<input type="checkbox"/> Registered Nursery Dealer License - \$35 I certify that I will buy and resell only certified, Michigan-grown nursery stock and that I will not obtain any nursery stock from out of state sources.

\* The nursery license year begins November 1 and concludes October 31 of the following year.

\*\* See the "Explanation of Nursery License Types" document at [www.michigan.gov/mdardnursery](http://www.michigan.gov/mdardnursery) for detailed explanations of license types.

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.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_