PI-233 (3/26)

Michigan Department of Agriculture and Rural Development

Agricultural Pesticide Dealer License Application

Michigan Department of Agriculture & Rural Development
Agricultural Pesticide Dealer License Application
P.O. BOX 30776
LANSING MI 48909-8246
Phone: 517-284-5771 Fax: 517-284-0458
In accordance with 1994 Public Act 451, as amended.

Office Use Only

License Year Ending: December 31,

Status: ☐New ☐Renewal ☐No Longer Needed

License No. of Establishments:

STEP 1: 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:

STEP 2: Corporate/Owner Information

Ownership Type: ☐Corporation ☐Sole Ownership ☐Partnership

☐ L.L.C. ☐Other (Specify):

Corporation Name: MI Corp. ID No.:

Street Address of Corporation:

City: State: Zip:

Phone: Fax: Email:

Emergency Contact: Cell Phone: Federal/Tax ID No.:

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STEP 3: Resident Agent Information:

Resident Agent Name: Business email:

Street Address: City: State:

County: Zip: Business Phone: Business Fax:

Mailing Address (if different from above) Street or P.O. Box:

City: State: Zip:

STEP 4: License Fees (non-refundable): (AOBJ: 0352)

☐ 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:

Printed Name: Title: