Ohio Department of Agriculture
PLANT HEALTH / Pesticide and Fertilizer Regulation Section
8995 East Main Street, Reynoldsburg, OH 43068-3399
Telephone: (614) 728-6987 Fax: (614) 728 4235
www.agri.ohio.gov Email: pesticides@agri.ohio.gov

APPLICATION FOR NON-AGRICULTURAL PRODUCTION CUSTOM MIXED FERTILIZER BLENDER LICENSE

In accordance with the provisions of Section 905.331, of the Ohio Revised Code, application is made for registration for a license to engage in the business of blending a custom mixed fertilizer for lawns, golf courses, recreation areas, or other real property that is not used for agricultural production, for the fiscal year beginning **DECEMBER 1, 20__ AND ENDING NOVEMBER 30, 20__.**

LOCATION ID: _____ **PARENT ID:** _____

NAME: _____ (manufacturer, distributor and/or labeler) **SUBMITTED BY:** _____ (mailing address, if different than location)

LOCATION ADDRESS: _____ **ADDRESS:** _____

CITY, STATE, ZIP: _____ **CITY, STATE, ZIP:** _____

OHIO COUNTY: _____ (all other states use "*other*") **OHIO COUNTY:** _____ (all other states use "*other*")

MAILING ADDRESS: _____ **PHONE NUMBER:** _____

CITY, STATE, ZIP: _____ **FAX NUMBER:** _____

E-MAIL ADDRESS: _____

PAYMENT REQUIRED:
Remittance of $100.00 is enclosed to cover the license fee for the above location payable to the Ohio Department of Agriculture must be enclosed. Payment by check, money order, or credit card only:

Payment Method: ☐ Check #_____ ☐ Money Order ☐ Visa ☐ Mastercard

Amount: ☐☐☐☐☐ X $100.00 =$☐☐ , ☐☐☐ . ☐☐

If paying with credit card, the following information is required before payment can be processed:

Name on Credit Card: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Credit Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date: ☐☐ (MM) ☐☐☐☐ (YYYY) ☐☐☐

Signature (**required**):

SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____ **TITLE:** _____

If the firm responsible for completing the application and semiannual tonnage report is different than the above address, please complete the following:

FIRM: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

All applications must be mailed – NO FAXES.