



Ohio Department of Agriculture

Pesticide & Fertilizer Regulation Section
8995 E. Main St. Bldg 23
Reynoldsburg, OH 43068-3399

Phone: (614) 728-6987
Fax: (614) 728-4235
Email: pesticides@agri.ohio.gov
www.agri.ohio.gov

Application for License to Manufacture, Sell, or Distribute Liming Material

In accordance with the provisions of Section 905.52, of the Ohio Revised Code, application is made for a license to manufacture, sell, or distribute liming material in Ohio for the calendar year **JANUARY 1, 20__ THROUGH DECEMBER 31, 20__**.

LOCATION ID: _____	PARENT ID: _____
NAME: _____ <i>(manufacturer, distributor and/or labeler)</i>	SUBMITTED BY: _____ <i>(mailing address, if different than location)</i>
LOCATION ADDRESS: _____	ADDRESS: _____
CITY, STATE, ZIP: _____	CITY, STATE, ZIP: _____
OHIO COUNTY: _____ <i>(all other states use "other")</i>	OHIO COUNTY: _____ <i>(all other states use "other")</i>
MAILING ADDRESS: _____	PHONE NUMBER: _____
CITY, STATE, ZIP: _____	FAX NUMBER: _____
	E-MAIL ADDRESS: _____

PAYMENT REQUIRED:

Remittance of \$50.00 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 Discover Visa Mastercard

Amount: X \$50.00 = \$

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) (CVV)

Signature (required): _____

I hereby certify that the name and address which appears on the application will be the same on all labels, pertinent invoices, and bulk storage for each product distributed in Ohio, for which labels are submitted.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

Applications can be mailed or faxed.

Labels Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
