

THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



APPLICATION FOR AGENT LICENSE

FILL IN ALL APPLICABLE AREAS:

Name: _____

Street Address: _____ Town/City _____

Mailing Address (if different): _____

Town/City _____ State _____ Zip _____

Telephone _____ Cell _____

IF CORPORATION: Identify corporate officers:

President _____

Vice President _____

IF PARTNERSHIP: Identify corporate officers:

Name _____

Name _____

IF SOLE PROPRIETOR: Identify any name you are doing business as:

NUMBER OF MASSACHUSETTS OUTLETS: _____

IF MULTIPLE OUTLETS, PLEASE ATTACH ADDRESS OF EACH OUTLET

MAIL APPLICATION WITH \$70.00 PER OUTLET, MADE PAYABLE TO "COMMONWEALTH OF MASSACHUSETTS" TO:

**MASSACHUSETTS DEPARTMENT OF AGRICULTURAL RESOURCES
DIVISION OF CROP AND PEST SERVICES
251 CAUSEWAY ST, SUITE 500
BOSTON, MA 02114**

ATTENTION: Howard Vinton

(over)

LIST OF SUPPLIERS

| NURSERY NAME | ADDRESS | STATE | ZIP |
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ALL APPLICANTS APPLYING FOR ANY STATE LICENSE MUST CERTIFY TO THE FOLLOWING:

I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes: and

I certify under the pains and penalties of perjury that the requirements pursuant to M.G.L. chapter 152, Workman's Compensation have been complied with:

PRINT NAME:

Signature by its authorized representative

TITLE:

SOCIAL SECURITY # _____ - _____ - _____ OR

FEDERAL ID# _____

DATE:
