

# Application for the Illinois Agriculture and Vegetable Seed Permit

USAPlants ID:

Manufacturer ID:

The address below is:      Physical Address      Mailing Address      Both

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

This application made this \_\_\_\_\_ day of \_\_\_\_\_, for and on behalf of the above named firm.

Printed name and title of authorized representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ FEIN# \_\_\_\_\_

### All applications must be signed and dated

Please make check payable to IDoA and mail this application with the permit fee to Illinois Department of Agriculture, Bureau of API, State Fairgrounds, P.O. Box 19281 Springfield, Illinois 62794-9281.

### Type of Permit Required

Retail       Wholesale Seed Dealer       Seed Broker       Seed Merchant       Operator of Public Auction

\$10.00

\$30.00

\$30.00

\$40.00

\$30.00

### For Use by Bureau of Agricultural Products Inspection

| <u>Check Amount</u> | <u>Check Number</u> | <u>Date Issued</u> | <u>Date Received</u> | <u>Revenue Code</u> |
|---------------------|---------------------|--------------------|----------------------|---------------------|
|                     |                     |                    |                      |                     |