



2011 APPLICATION FOR IOWA NURSERY DEALER CERTIFICATE

INSTRUCTIONS: Please complete all information requested for each business location and mail with the \$25 fee (per location), payable to IDALS, to the address at the bottom of this form.

Business Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Address of Business (if different than mailing address) \_\_\_\_\_

Type of Business (check all that may apply)

- checkbox year-round nursery sales, checkbox tree mover, checkbox broker, checkbox seasonal nursery sales, checkbox landscape contractor, checkbox other

Please list the sources of your stock (both in- and out-of-state sources)

Name of Supplier Address of Supplier

Blank lines for listing sources of stock

(continue on back or use additional sheet(s) if more space is needed)

Important: Please read the following; must be signed and dated below.

I hereby apply for a certificate to operate as a dealer of nursery stock in the state of Iowa. I understand and agree to the following responsibilities as a nursery stock dealer:

- 1. I grow no nursery stock myself... 2. I will provide the IDALS Entomology and Plant Science Bureau... 3. As a dealer, I am subject to inspections... 4. If I should plant nursery stock on property under my control...

Applicant Name (please print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_