IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP
APPLICATION FOR AGRICULTURAL LIMING MATERIAL LICENSE

Agricultural liming material shall not be distributed in this state unless the manufacturer of the agricultural liming material obtains a license for each facility owned by the manufacturer for distribution of agricultural liming material in this state. **License fee is $25.00** for each manufacturing facility distributing into this State.

**Please fill in company name and mailing address below:**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Mailing Address</th>
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County No.: _______ County Name: __________________________

Telephone: __________________ Fax: ________________________

E-mail: ___________________________________________________________________________________

If you are doing business under a new name due to a merger, buyout or other business transaction, please list previous name and Agricultural Liming Material License Number: ______________________________________

____________________________________________________________________________________________

Agricultural liming material shall not be sold, offered for sale, or exposed for sale in this state unless a label accompanies the agricultural liming material which provides the following information:

1. The name and address of the principal office of the manufacturer.
2. The brand or trade name of the agricultural liming material.
3. The identification of the type of agricultural liming material. (Industrial by-product, Pelletized lime, Quarry lime, Water treatment lime)
4. The undried net weight of the agricultural liming material.
5. The effective calcium carbonate equivalent of the agricultural liming material in the following form “Iowa Secretary of Agriculture Certified ___________ pounds ECCE per ton.”

**ATTACH SAMPLE COPY OF LABEL TO THIS APPLICATION. FAILURE TO SUBMIT A LABEL WILL CAUSE THIS APPLICATION TO BE RETURNED.**

Total number of manufacturing facilities to be licensed: __________ X $25 = Total Fee Due: ________________

*(Please list all facilities to be licensed on reverse side of form)*

**State of Iowa, County of __________________________**

I, the undersigned, hereby state that the above, to the best of my knowledge, is true and correct.

__________________________
Signature

Subscribed and sworn to before me this ________ day of _________________________, __________

__________________________
Notary Public

Tel: 515-281-8597/Fax: 515-281-4185
Company name and address:

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<thead>
<tr>
<th>Facility Name</th>
<th>Facility Address</th>
<th>City:</th>
<th>State:</th>
<th>County Number</th>
<th>County Name</th>
<th>Township:</th>
<th>Section:</th>
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<tbody>
<tr>
<td>1. Facility Name:</td>
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<td>5. Facility Name:</td>
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