

**New Hampshire Department of Agriculture
Markets and Food, Division of Plant Industry**



State Lab Bldg., 29 Hazen Drive
Concord, New Hampshire 03301
Phone: 603-271-2561
Fax: 603-271-3692

Plant Dealer / Landscaper Application

Business Location Information

Name of Business: _____ Email: _____
 Owner: _____ Store Contact (i.e.mgr): _____
 Street Address: _____ Telephone: _____ Fax: _____
 City: _____ Zip Code: _____ Website: _____

Mailing / Corporate Information (if different from above)

Business / Corporate Name: _____ Email: _____
 Address: _____ Telephone: _____ Fax: _____
 City: _____ State: _____ Zip Code: _____

Changes		Type of Business	
Address Change		Nursery	Grocery Store
Operation Change		Greenhouse	Drug Store
Ownership Change		Garden Center	Floral Shop
Out of Business		Landscaper	Road Side Stand
New Business		Department Store	Plant Collector
Licensing Fee Exemption*		Hardware Store	Other:

Please provide the total number of either square feet or acreage for the following:

Outdoor nursery stock area: _____ Greenhouses: _____ Indoor plant sales area: _____
 Percentage of nursery stock sold wholesale: _____ Percentage of nursery stock sold retail: _____

Please answer Yes or No to the following questions:

Grow your own nursery stock: _____ Import nursery stock from out of state: _____ Ship nursery stock out of state: _____

*Please review the following licensing fee requirements and check the appropriate category that applies to you:
 (Nursery stock means all woody and herbaceous plants with roots, including all houseplants and vegetable plants)*

Licensing Fee \$25 - If, during this calendar, year your business earned more than \$3,000 in gross sales of rooted nursery stock then your annual licensing fee is \$25. *Remit payment with application.* Check # _____

***Licensing Fee Exemption** – If, during this calendar year, your business earned less than \$3,000 in gross sales of rooted nursery stock then you are exempt from the licensing fee, but are still required to complete and submit a renewal application every year.

I attest that I meet the licensing fee requirements as stated above and shall acquire and further distribute nursery stock obtained only from a certified and/or licensed grower or dealer approved by the authorizing agency within the state of origin.

Signature: _____ Date: _____

Make checks payable to: "Treasurer, State of NH". Please send completed form and payment by December 31st to the address listed above.

