

FORM 536 Revised: 07/2011

Arkansas Department of Agriculture

P.O. Box 1069 Little Rock, AR 72203

GINSENG NURSERY CERTIFICATE

| FEES: Act 774 of 1985, Section 4, a | requires an annual f | ee of \$25.00 to acc | ompany the request for Nurse | |
|--|----------------------|-----------------------------|------------------------------|--|
| Name | Phon | | ne # | |
| Physical Address | | | | |
| Mailing Address | | | | |
| | | | | |
| Ginseng Nursery is located | miles | Direction | rrom Town | |
| | on highway | number | | |
| County | | | | |
| Additional Directions: | | | | |
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| | | | | |
| Signature of Owner | Dat | e | | |
| (FOR DEPARTMENT OF AGR | | ECTOR TO FILL | | |
| Name of Ginseng Nursery | | | | |
| Address of Ginseng Nursery | | | | |
| Size of Nursery (Sq. Ft., acres, etc.) | | | | |
| Additional Information: | | | | |
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| | | | | |
| Signature of Inspector | | | Date | |