

AR DEPT OF AGRICULTURE - SEED DEALER/ LABELER LICENSE APPLICATION

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NAME IN WHICH LICENSE IS TO BE ISS	UED (should be the san	ne as on seed labels)	PHONE	FAX
MAILING ADDRESS	TOWN		STATE	ZIP
E-MAIL ADDRESSES				
Send Tonnage Fee Report Forms to	the Attention of:	Owner/Manager	Other (Please	e Print Name)
Is this license for Industrial Hemp seed? (circle Yes or No)	S NO	licensed to grow/handl	-	YES NO
Companies with subsidiaries with t provided they have the ability to re responsibility for any fees or violati names must have a separate licen	port seed sales into coons made at each loo	or within Arkansas for excation. (Companies wit	ach location and a h subsidiaries with	ccept different
PLEASE NOTE: All companies with crops such as rice, soybeans, and so (see form SDL- REG included in this	mall grains, etc. mus			
A TONNAGE FEE MUST BE PAID O ARKANSAS. ARKANSAS USES A F				TE OF
REPORTING SYSTEM:	containers or both. A all seed sold within or	em that allows you to sell a report is filed with the Se r into Arkansas, not carryi rd label. The tonnage fee	eed Section each quing an Arkansas De	arter, covering partment of
THIS IS TO CERTIFY THAT APPLICATION SEED IN ARKANSAS, AND AGREES LABELER'S LICENSE MAY BE CANCE THE PLANT BOARD OR IT'S REPRESUSINESS HOURS, OF ANY PERSON	TO OBSERVE SAID R CELLED AT ANY TIME SENTATIVE, IS AUTH	REGULATIONS. APPLIC FOR FAILURE TO OBSE ORIZED TO INSPECT TH	ANT UNDERSTAN ERVE THESE REGU HE RECORDS, DUF	DS THE SEED JLATIONS, AND
ANNUAL LICENSE FEE OF \$250.00	IS FOR THE FISCAL Y	EAR BEGINNING JULY	1 - JUNE 30.	
RETURN TO:				
ARKANSAS DEPARTMENT OF AGR SEED SECTION #1 NATURAL RESOURCES DRIVE LITTLE ROCK, AR 72205	RICULTURE	AMOUNT ENCLOSI	ED \$	
OWNER / MANAGER (si	gnature)	OWNER / N	IANAGER (print nan	ne)

FOR QUESTIONS OR HELP COMPLETING THIS FORM, PLEASE CALL THE SEED SECTION AT (501) 225-1598



ASDL License	#
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ARKANSAS DEPARTMENT OF AGRICULTURE

REGISTRATION OF ADDITIONAL LOCATIONS* UNDER SEED DEALERS LICENSE

*DISREGARD IF NO ADDITIONAL LOCATIONS UNDER LICENSE

pay required registration fees of \$250.00 per	r location.				
			()_		
NAME IN WHICH SEED DEALERS LICENSE IS ISSUED)			PHONE		
MAILING ADDRESS	TOWN		STATE	ZIP	
APPLICANT HAS READ CIRCULAR 10, <u>REGULATIONS</u> INTO OR WITHIN ARKANSAS FOR EACH LOCATION &	ON THE SALE OF PLANTING S ACCEPT RESPONSIBILITY FO	SEED IN ARKA OR ANY FEES (ANSAS, AND AGREES OR ANY VIOLATIONS	S TO REPORT SEED SA MADE AT EACH LOCAT	
THE SEED DEALERS LICENSE LISTED ABO	VE WILL COVER THE FO	LLOWING L	LOCATION(S):		
PO Box or Street Add	ress:		Phone No:	Fax No:	
		()	()	
ity, State, Zip:			Manager / Contact Person		
-mail:					
		<u> </u>			
PO Box or Street Add	ress:		Phone No:	Fax No:	
		()	()	
ity, State, Zip:			Manager / Contact Person		
-mail:					
		•			
PO Box or Street Add	ress:		Phone No:	Fax No:	
		()	()	
ty, State, Zip:			Manager / Contact Person		
mail:					
UAL REGISTRATION FEE OF \$250.00 PER LOCATION IS FOR THE F	SISCAL YEAR BEGINNING JULY 1 - JU	JNE 30. AM (OUNT ENCLOSED	\$	
JRN TO: SIGNED					
*· *· · · · · ·	OV	WNER / MANAG	ED	DATE	

REGULATORYSEED@AGRICULTURE.ARKANSAS.GOV IF YOU NEED HELP COMPLETING THIS FORM OR HAVE QUESTIONS, PLEASE CALL (501) 225-1598

FORM SDL-REG (06/21)

LITTLE ROCK, AR 72205





DIVISION					
	PO Box or Street Address:	Phone No:	Fax No:		
		()	()		
City, State, Zip:		Manager	Manager / Contact Person		
E-mail:					
	PO Box or Street Address:	Phone No:	Fax No:		
		()	()		
City, State, Zip:		Manager	Manager / Contact Person		
E-mail:					
	PO Box or Street Address:	Phone No:	Fax No:		
		()	()		
City, State, Zip:		Manager	Manager / Contact Person		
E-mail:					
	PO Box or Street Address:	Phone No:	Fax No:		
		()	()		
City, State, Zip:		Manager /	Manager / Contact Person		
E-mail:					
	PO Box or Street Address:	Phone No:	Fax No:		
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City, State, Zip:		Manager /	Manager / Contact Person		
E-mail					
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