FORM 67 (Rev. 5/04)

FOR OFFICE USE ONLY

Receipt No. __________________________
Fee __________________________
Estab. No. __________________________

New York State
Department of Agriculture and Markets
Division of Plant Industry
10B Airline Drive
Albany, New York 12235

APPLICATION FOR REGISTRATION
AND CERTIFICATION AS A
NURSERY DEALER

INSTRUCTIONS
Complete application in full.
An incomplete application will be returned.
Make checks payable to “The Department of
Agriculture and Markets”.
Sign & date back of application.
Return in enclosed envelope.

Location Address:

Business Name: __________________________
Address: __________________________
City: __________________________ State: _______ Zip Code: _______
County if NYS: __________________________

Mailing address and/or main business address if different from location address above.

Business Name: __________________________
Address: __________________________
City: __________________________ State: _______ Zip Code: _______

FEE: $100.00 EACH LOCATION

The undersigned applies for registration as a nursery dealer pursuant to the provisions of Article 14 of the Agriculture and Markets Law.

For the registration period ending the last day of November, 20_____

Telephone No.: (_____) __________________________
Social Security No. * __________________________
Federal ID No. * __________________________
* Reason for not having SS# or Fed. ID# (See Back)

Please Circle the Letter for the Category that best describes your business operation.

OPERATION CHART

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<tr>
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<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
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<th>M</th>
<th>N</th>
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<tbody>
<tr>
<td>GARDEN CENTER</td>
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<td>GROCERY STORE</td>
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<td>HARDWARE STORE</td>
<td>COMMISSION MERCHANT</td>
<td>DRUG STORE</td>
<td>GAS STATION</td>
<td>OTHER:</td>
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</tbody>
</table>

Check whether an Individual Ownership, Partnership or Corporation:

□ INDIVIDUAL OWNERSHIP  □ PARTNERSHIP  □ CORPORATION

INDIVIDUAL OWNERS, MEMBERS OF PARTNERSHIP OR OFFICERS OF A CORPORATION:

Name and Title - Attach list if necessary

<table>
<thead>
<tr>
<th>Home Address</th>
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In what state incorporated? __________________________ Date of incorporation __________________________

Foreign or out of state corporation, date of filing in New York __________________________ and name and address of New York State resident upon whom service of process may be made __________________________

Have you or an officer, director or any stockholder exercising any position of management or control been convicted of a felony and/or misdemeanor in any court of the U.S. or any state or territory?

□ No  □ Yes

If yes, please explain:

______________________________
## ADDITIONAL BUSINESS LOCATIONS
(Use additional sheets if necessary)

<table>
<thead>
<tr>
<th>For Office Use Only</th>
<th>BUSINESS NAME</th>
<th>ADDRESS</th>
<th>TELEPHONE NUMBER</th>
<th>Operation Type</th>
</tr>
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<tbody>
<tr>
<td>Establishment No.</td>
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<td>(Refer to Chart Below)</td>
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### OPERATION CHART

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### FEE:
LOCATIONS AT $100.00 EACH = $
TOTAL ENCCLOSED

I (We) hereby agree that all nursery stock sold will be purchased from growers who hold certificates of inspection issued by the proper authorities of the state where grown. No nursery stock received will be sold unless properly certified; and if uncertified stock should be received, the Department of Agriculture and Markets will be notified before selling so that inspection may be made.

I (We) also agree to maintain a place of business, such as a store, motor vehicle, etc., where nursery stock is exposed for sale or being transported for sale, in a manner that permits ready inspection by the Department.

I (We) further agree to conform to the laws of the State of New York concerning the handling and movement of nursery stock and to related regulations of the Department.

"I understand that the statements made in this application will be accepted for all purposes as the equivalent of an Affidavit and that any false statements made herein, in addition to being the possible basis for a revocation of any license issued as a result of this application, may be punishable as a misdemeanor under the provisions of Section 310.45 of the Penal Law of the State of New York.""

<table>
<thead>
<tr>
<th>Individual, Firm or Corporate Name (See Note)</th>
<th>Signature of Person Executing</th>
<th>Date</th>
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NOTE: (a) If applicant is individual doing business under his own name, he must sign on signature line; (b) if co-partnership or assumed name, firm name must be given and one member must sign individually on signature line; (c) if corporation, corporate name must be given in full, with an authorized officer's signature on signature line and title on title line.

"The authority to request the information contained in this document is found in Section 16 of the Agriculture and Markets Law and the specific section or sections of that Law which relate to the license, permit, certificate, approval, registration or permission which you seek. The principal purpose for which this information is collected is to enable the Department of Agriculture and Markets to determine whether or not to issue the requested license, permit, certificate, approval, registration or permission. This information will be used by the Department of Agriculture and Markets for the purpose of evaluating your application and enforcing and administering the Agriculture and Markets Law.

Disclosure of your federal social security and federal employer identification numbers by you is mandatory and is authorized by Section 5 of the Tax Law. The principal purpose for which this information is collected is to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance for administering the Tax Law and for any other purpose authorized by the Tax Law.

### Should you fail to provide all of the requested information, your application will not be processed.