



TENNESSEE DEPARTMENT OF AGRICULTURE
CONSUMER AND INDUSTRY SERVICES – ATTN: AG INPUTS SECTION
BOX 40627 MELROSE STATION
NASHVILLE, TENNESSEE 37204
PHONE # 615-837-5135 FAX # 615-837-5005

APPLICATION FOR COMMERCIAL FERTILIZER LICENSE
2016 – 2017

Pursuant to T.C.A. §43-11-104, every person who distributes commercial fertilizer in Tennessee must obtain a commercial fertilizer license from the Department of Agriculture and must file with the Department an annual statement indicating the number of net tons and number of brands of commercial fertilizer the person distributed in the state during the previous licensure year. Fees for the license are determined according to this self-reported data.

All licenses expire on June 30 following their issuance. License fees for renewal must be remitted to the Department by July 16 following expiration of the license. Nonpayment of the license fee by July 16 will result in an additional late charge of \$125 for renewal of the license. Checks should be made payable to the Tennessee Department of Agriculture and mailed with this completed form and enclosed return envelope.

ANNUAL STATEMENT FOR COMMERCIAL FERTILIZER LICENSE
(to be completed by applicant)

Number of net tons of commercial fertilizer distributed in TN, July 1, 2015 – June 30, 2016:		=	
	Divided by 1,000 tons	=	
	Multiplied by \$200	=	
			WEIGHT COMPONENT (\$100 minimum)
Number of brands of commercial fertilizer distributed in TN, July 1, 2015 – June 30, 2016:		=	
	Minus 10 brands	=	
	Multiplied by \$50	=	
			BRAND COMPONENT (\$0 minimum)
	WEIGHT COMPONENT + BRAND COMPONENT		=
			TOTAL LICENSE FEE

APPLICANT/COMPANY _____	OWNER/MANAGER _____
FACILITY ADDRESS _____	CITY _____ STATE _____ ZIP _____
MAILING ADDRESS _____	CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____	EMAIL ADDRESS _____

Information reported in this application is correct and complete to the best of my information and belief. I am authorized to report this information and to seek regulatory licenses on behalf of Applicant.

NAME (PRINT) _____	PERMIT NUMBER (if applicant is seeking renewal) _____
SIGNED _____	DATE _____ AMOUNT ENCLOSED \$ _____

Pre-printed portions of this form represent information on file with the Department. Please strike and correct as appropriate.