



THE COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF ENERGY AND  
 ENVIRONMENTAL AFFAIRS  
**Department of Agricultural Resources**  
 251 Causeway Street, Suite 500, Boston, MA 02114  
 617-626-1700 fax 617-626-1850 www.Mass.gov/AGR



**APPLICATION FOR AGENT LICENSE**  
 FILL ALL APPLICABLE AREAS

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Town/City** \_\_\_\_\_

**Mailing Address if different:** \_\_\_\_\_

**Town/City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**IF CORPORATION: Identify corporate officers:**

**President** \_\_\_\_\_

**Vice President** \_\_\_\_\_

**If PARTNERSHIP: Identify corporate officers:**

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

**IF SOLE PROPRIETOR: Identify any name you are doing business as::**

\_\_\_\_\_

**NUMBER OF MASSACHUSETTS OUTLETS:** \_\_\_\_\_

**IF MULTIPLE OUTLETS, PLEASE ATTACH ADDRESSES OF EACH OUTLET**

*Mail application with \$70.00 per outlet-made payable to "Commonwealth of Massachusetts"*  
**TO: MASSACHUSETTS DEPARTMENT OF AGRICULTURAL RESOURCES**  
**BUREAU OF PLANT INDUSTRIES**  
**251 CAUSEWAY ST., SUITE 500**  
**BOSTON, MA 02114 - ATTENTION - PHYLLIS**

<b>LIST OF SUPPLIERS</b>			
<b>NURSERY NAME</b>	<b>ADDRESS</b>	<b>STATE</b>	<b>ZIP</b>


<b>ALL APPLICANTS APPLYING FOR ANY STATE LICENSE MUST CERTIFY TO THE FOLLOWING:</b>
I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all stte tax returns a ndpaid all state tax: and
I certiy under the pains and penalties of perjury that the requirements pursuant to M.G.L. chapter 152, Workman’s Compensation have been complied with:
PRINT NAME: _____
Signature by its aurhorized representative
TITLE: _____

SOCIAL SECURITY # _____ - _____ - _____ OR
FEDERAL ID# _____
DATE: _____