



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



DEVAL L. PATRICK  
 Governor

IAN BOWLES  
 Secretary

TIMOTHY MURRAY  
 Lieutenant Governor

SCOTT J. SOARES  
 Acting Commissioner

**APPLICATION FOR NURSERY GROWER'S CERTIFICATE**

Pursuant to Section 17 of Chapter 128 M.G.L , all nurseries or places where nursery stock is grown must be inspected once a year.

All certificates shall expire on June 30 next following year.

**SCHEDULE OF FEES**

<b>Less than one acre</b>	<b>\$ 30.00</b>
<b>1 – 5 acres</b>	<b>\$ 90.00</b>
<b>6- 25 acres</b>	<b>\$ 120.00</b>
<b>26 – 100 acres</b>	<b>\$ 150.00</b>
<b>over 100 acres</b>	<b>\$ 210.00</b>
<b>Greenhouses (not in nursery)</b>	<b>\$ 90.00</b>

**ALL APPLICANTS APPLYING FOR ANY STATE LICENSE MUST CERTIFY TO THE FOLLOWING:**

I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes: and

I certify under the pains and penalties of perjury that the requirements pursuant to M.G.L. 152 Workman's Compensation have been complied with

PRINT NAME: \_\_\_\_\_

\_\_\_\_\_  
 Signature by its authorized representative

TITLE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR

FEDERAL ID # \_\_\_\_\_

DATE: \_\_\_\_\_

(over)

**PLEASE ANSWER ALL AREAS IN FULL**

**Name of Establishment:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

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

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

**Telephone number** \_\_\_\_\_

**e-mail address** \_\_\_\_\_

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**FILL APPLICABLE AREAS**

**IF INDIVIDUAL**

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

**Address** \_\_\_\_\_

**IF PARTNERSHIP (NAME OF PARTNERS)**

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

\_\_\_\_\_ **Address** \_\_\_\_\_

**IF CORPORATION**

In what state incorporated \_\_\_\_\_

Principal office address \_\_\_\_\_

Manager's name \_\_\_\_\_

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**NUMBER OF ACRES IN STOCK** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

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**Signature of applicant**

**MAIL APPLICATION WITH APPROPRIATE FEE 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

