



MASSACHUSETTS FERTILIZER LICENSE TO MANUFACTURE AND DISTRIBUTE APPLICATION

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APPLICANT INFORMATION

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| Name of firm: |
| Address: |
| Mailing Address (If Different): |
| Phone Number: |
| Email of Registrant: |

| | |
|---|---------------|
| Printed Name of Authorized Representative: | Title: |
| Signature of Authorized Representative: | Date: |

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| Instructions: 1. Please note that this License covers the manufacturing and distribution of fertilizer and soil conditioners intended for Agricultural/Farm Use only. 2. Submit Application form along with attachment A, in duplicate 3. Enclose annual license fee of \$250 4. Make checks payable to Commonwealth of Massachusetts 5. Please use correct address depending on shipping method, listed to the right. 6. Please remember to Include a current Email of the registrant | VIA U.S. MAIL COMMONWEALTH OF MASSACHUSETTS P.O. BOX 417103 Boston, MA 02241-417103 | VIA OVERNIGHT MAIL/COURIER SERVICE: BANK OF AMERICA LOCKBOX COMMONWEALTH OF MASS - LOCKBOX 417103 MA5-527-02-07 2 MORRISSEY BLVD. DORCHESTER, MA 02125 |
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****Please Fill out Attachment A on next page****

Department Use Only

This certifies that the above named applicant is hereby licensed to manufacture and/or distribute fertilizer, except specialty fertilizer, in the Commonwealth of Massachusetts from Jan. 1 _____ to Dec 31 _____.

Date: _____ Signature: _____
Fertilizer Control Official



Attachment A

Please provide the following information:

1. Description of Farm use only Fertilizer or Soil Amendments being Manufactured and/or Distributed.

2. Information on US EPA or MA Department of Environmental Protection classification as a waste product, if applicable (include copies of classification).

3. Directions for Use

4. Estimated tonnage to be distributed in current year _____

5. Please choose one of the following:

_____ The Fertilizer/Soil Amendments will be directly soil applied by the end user.

_____ The Fertilizer/Soil Amendments will be mixed with other ingredients prior to the application by the end user.