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 30th of the following year.

PLEASE ANSWER ALL AREAS IN FULL

| Name of Nursery: | ______________________ | Date: ____________________ |
| Applicant Name: | ______________________ | Street Address: ________________ |
| City/Town: | ______________________ | State: ____________________ | Zip Code: ________________ |
| Mailing Address (if different): | ________________ | Fax: ____________________ |
| Phone #1: | ______________________ | Phone #2: ____________________ | E-mail: ____________________ |

SCHEDULE OF FEES (Based upon stock in acres pursuant to 801 CMR 4.02)

<table>
<thead>
<tr>
<th>Acres</th>
<th>Fee</th>
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<tbody>
<tr>
<td>Less than one acre</td>
<td>$ 30.00</td>
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<tr>
<td>1-5 acres</td>
<td>$ 90.00</td>
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<tr>
<td>6-25 acres</td>
<td>$ 120.00</td>
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<tr>
<td>26-100 acres</td>
<td>$ 150.00</td>
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<tr>
<td>Over 100 acres</td>
<td>$ 210.00</td>
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<tr>
<td>Greenhouse</td>
<td>$ 90.00</td>
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If you are supplementing stock from another source please fill reverse side of this application.

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

I certify under the penalties of perjury that, to my knowledge and belief, I have filed all state tax returns and paid all state taxes and that I am in compliance with the requirements set forth in M.G.L. c. 152, Section 25C.

Print Name: ____________________________ | Title: ____________________________
Signature by its authorized representative: ____________________________
Social Security # _______ - _______ - _______ OR Federal ID # ____________________________ | Date: ____________________

Signature of applicant: ____________________________ | Date: ____________________

Please make check or money order payable to the “Commonwealth of Massachusetts”.

Mailing Information:

Commonwealth of Massachusetts
Box 417103
Boston, MA 02241
## LIST OF SUPPLIERS

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<tr>
<th>NURSERY NAME</th>
<th>ADDRESS</th>
<th>STATE</th>
<th>ZIP</th>
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