



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 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 th 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)	
Less than one acre	\$ 30.00 <input type="checkbox"/>
1-5 acres	\$ 90.00 <input type="checkbox"/>
6-25 acres	\$ 120.00 <input type="checkbox"/>
26-100 acres	\$ 150.00 <input type="checkbox"/>
Over 100 acres	\$ 210.00 <input type="checkbox"/>
Greenhouse	\$ 90.00 <input type="checkbox"/>
<i>If you are supplementing stock from another source please fill reverse side of this application.</i>	

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

NURSERY NAME	ADDRESS	STATE	ZIP