

# CLASS B NURSERY DEALER LICENSE APPLICATION

**Kentucky Office of the State Entomologist, Department of Entomology**  
S-225 Ag Science North • Lexington KY 40546-0091 • (859) 257-5838  
[www.KyStateEnt.org](http://www.KyStateEnt.org)

- **Only** for businesses which do not grow or overwinter nursery stock & derive less than 10% of income from sale of nursery stock  
**Must call to verify that business meets requirements**
- \$25 per year per location. License valid January 1 – December 31
- Fill out information completely and legibly
- Checks should be made payable to *University of Kentucky*

Mail to:  
License Renewals  
S225 Ag Science North  
Lexington KY 40546-0091

**Business Owner/Manager:** \_\_\_\_\_

**Applicant Name if different** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Physical Address (if different from above)** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Store Number:** \_\_\_\_\_

**Marketing (Check all that apply)**

- Auction     
  Farmers Market     
  Flea market     
  Garden center  
 Grocery Store     
  Landscape/Landscape Contractor     
  Mass merchandiser  
 Other (specify): \_\_\_\_\_

**Continued on reverse side**

<b>FOR STATE ENTOMOLOGIST USE ONLY</b>		
LICENSE NUMBER _____	LICENSE YEAR _____	DATE REC'D _____
AMOUNT _____	CHECK NUMBER _____	

