



# Michigan Department of Agriculture & Rural Development

PI-233 (9/17)

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In accordance with 1994 Public Act 451, as amended.

Application Date.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expired Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Validation # \_\_\_\_\_

## Agricultural Pesticide Dealer License Application

License Year Ending: December 31 \_\_\_\_\_ Status:  New  Renewal  
 License No. of Establishments \_\_\_\_\_  No Longer Needed

### Business Information

Business Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 County: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_  
 Business. Email: \_\_\_\_\_  
 Mailing address if different from above: Street or P.O. Box: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

### Corporate/Owner Information

Ownership Type:  Corporation  Sole Ownership  Partnership  L.L.C.  Other: Specify \_\_\_\_\_  
 Corporation Name: \_\_\_\_\_ MI Corp. ID No. \_\_\_\_\_  
 Street Address of Corporation: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Emergency Contact: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Federal/Tax ID No.

### Resident Agent Information

Resident Agent Name: \_\_\_\_\_ Bus. E-mail: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 County: \_\_\_\_\_ Zip: \_\_\_\_\_ Bus. Phone: (\_\_\_\_) \_\_\_\_\_ Bus. Fax: (\_\_\_\_) \_\_\_\_\_  
 Mailing address if different from above: Street or P.O. Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### License Fees (Non-refundable)

AOBJ: 0352

Dealer License Fee \$100

Payment Method: Check/Money Order No. \_\_\_\_\_ Amount enclosed: \_\_\_\_\_

Please make check/money order payable to the State of Michigan and submit to the address at the top of the page.

Person in Charge Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name here: \_\_\_\_\_

Title: \_\_\_\_\_