



Wisconsin Department of Agriculture, Trade and Consumer
 Protection Division of Agricultural Development
 2811 Agriculture Drive, P O Box 8911
 Madison, Wisconsin 53708-8911
 phone 608-224-5116
 http://www.datcp.state.wi.us

FOR OFFICE USE ONLY
Date Received:

2019 Cultivated Ginseng Dealer Registration and Shipment Certificate Application

Section 1

(Check this box if you are a NEW applicant)

Make address corrections here:

Business Name: _____ Email: _____

Business Address: _____ Phone: _____ Fax: _____

City/State/Zip: _____ Contact Person: _____

BUSINESS OPERATED BY (check one)

- Individual
 Partnership
 Corporation
 Cooperative
 LLC
 Trust
 Other

State of formation: _____
 (If corporation or LLC)

Section 2

Cultivated Ginseng Shipment Certificates

Fill in the number of shipment certificates you are requesting:

_____ x \$15.00 = \$ _____

Check the type of shipment certificate you are requesting: NOTE: If no boxes are checked, you will receive a Cultivated Dry Root Certificate.

- Cultivated Dry Root - Includes Woods-Grown and Fibers**
 Fresh/Green Root
 Live Root or Seed
 Retail Shipping Certificate (yearly)

Section 3

Annual Ginseng Dealer Registration

Annual Registration Fee BEFORE 01/02/19	+ \$25.00
Annual Registration Fee AFTER 01/02/19	OR + \$30.00
Total from Section 2 above	+ _____
Please calculate the TOTAL from Sections 2 and 3	= \$ _____

Dealers: One shipment certificate is required for each sale or shipment of ginseng. Shipment certificates are valid during the year in which you are registered. Registration fees need only be paid once per calendar year. All applicants must sign and date below.

Section 4 **OUT OF STATE GINSENG DEALERS- Please list Wisconsin Agent(s) or Buyers employed by your firm:**

NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER		TELEPHONE NUMBER	FAX NUMBER	

By signing below, I certify that I will comply with all State and Federal laws pertaining to the harvest, purchase, sale, transfer and export of ginseng out of the state of Wisconsin.

Date	Type/Print Applicant's Name and Title	Signature of Applicant
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Mail Check and application to: DATCP, BOX 93193, MILWAUKEE WI 53293-0193

Personal information you provide may be used for purposes other than that for which it was originally collected (sec. 15.04(1)(m), Wis. Stats.).

This institution is an equal opportunity employer