



Wisconsin Dept. of Agriculture, Trade and Consumer Protection  
 Division of Agricultural Resource Management  
 Bureau of Agrichemical Management  
 PO Box 93193  
 Milwaukee WI 53293-0193  
 Phone: (608) 224-4548  
 DATCPpesticideinfo@wi.gov

DATCP OFFICE USE ONLY	
Date Received	Check #
License #	

**Dealer/Distributor of Restricted-Use Pesticides License Application**  
 (Section 94.685, Wis. Stats.) and (ATCP 29.15, Wis. Adm. Code)

Business Name and Mailing Address				
LEGAL BUSINESS NAME				
DOING BUSINESS AS				
STREET ADDRESS				
P.O. BOX		COUNTY		
CITY		STATE	ZIP	
<p><b>Complete one application for each location.</b>                      Section 94.685, Wis. Stats. requires all retail dealers or distributors of restricted-use pesticides to obtain a license. A separate license is required for each location from which the licensee sells/distributes restricted-use pesticides.</p>		<p>Distributors and retail dealers of pesticides are required to keep records of the amounts and kinds of all pesticides sold or distributed for two years. For record-keeping requirements, see ss. ATCP 29.15 and 29.16, Wis. Admin. Code, Pesticide dealers and distributors.</p>		
Site Information: Physical site location for license activity if different from mailing address above				
STREET ADDRESS OR LEGAL DESCRIPTION		CITY	STATE	COUNTY
<p><b>Fee</b>.....\$60.00  <b>ACCP surcharge:</b> Variable based on ACCP fund balance on May 1 of each year.....\$0.00  <b>Late Fee:</b> If you held a License the previous year AND you are paying after December 31.....\$12.00</p>				
Type of Firm or Organization (please check)    LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Cooperative <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/>			Email address:	
<p><b>AFFIRMATION:</b> I hereby certify that the information submitted on this form and any attached pages is true and accurate, and I am authorized to sign this application.</p>				
NAME/TITLE		TELEPHONE NO. (        )		
APPLICANT SIGNATURE		DATE	FAX (        )	
<p><b>NOTICE:</b> If you are applying as in individual, your Social Security Number is required, under Sec 93.135, Wis. Stats., to determine if your license should be denied, not renewed, suspended or restricted for failure to make court-ordered family support payments.</p> <p><b>LICENSES ARE NON-TRANSFERABLE AND FEES ARE NON-REFUNDABLE</b></p> <p><b>Make check payable to:</b> Wisconsin Department of Agriculture, Trade and Consumer Protection (WDATCP)</p> <p><b>Mail form and check to:</b> State of Wisconsin, DATCP, Box 93193, Milwaukee WI 53293-0193</p> <p><i>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.).</i></p>				

**MAKE A PHOTOCOPY OF THIS APPLICATION TO SERVE AS A RECEIPT FOR YOUR RECORDS**