



Wisconsin Department of Agriculture, Trade
and Consumer Protection
Division of Agricultural Resource Management
Bureau of Agrichemical Management
Phone: (608) 224-4537

OFFICE USE ONLY

License Number:

Date Issued:

25900 700SE 1150073000 4600000 73000

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New Soil or Plant Additive License Application

for October 1, 2018 to September 30, 2019 (Section 94.65, Wis. Stats. and ch. ATCP 40.20, Wis. Adm. Code)

LEGAL BUSINESS NAME & ADDRESS			MAILING ADDRESS (IF DIFFERENT FROM LEGAL ADDRESS)		
LEGAL BUSINESS NAME			C/O		
CONTACT NAME			CONTACT NAME		
STREET ADDRESS		PO BOX	STREET ADDRESS		PO BOX
CITY	STATE	ZIP	CITY	STATE	ZIP
DOING BUSINESS AS NAME			FEDERAL EMPLOYER I.D. # (FEIN) (OPTIONAL)		
E-MAIL ADDRESS			WEBSITE ADDRESS		
IF DOING BUSINESS UNDER NEW NAME, LIST PREVIOUS BUSINESS NAME			PREVIOUS SOIL OR PLANT ADDITIVE LICENSE # (IF KNOWN) 65-		
CHECK ONE: Partnership <input type="checkbox"/> Cooperative <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/>					STATE OF FORMATION
LICENSE REQUIREMENTS					
<p>No person shall manufacture or distribute soil or plant additives in this state without an annual license from the Department and a soil or plant additive product permit issued by the Department for each product, except that no license is required of a person who only distributes a soil or plant additive for a license holder for which the Department has already issued a permit, provided the person:</p> <ol style="list-style-type: none"> 1. Distributes the soil or plant additive under the name of the license holder and in the original container packaged and labeled by the license holder, and 2. Makes no content or performance claim for the soil or plant additive other than the written claim of the license holder. <p>NOTE: Before the department can issue a license to distribute a soil or plant additive, you are required to submit a list of all soil or plant additive products you plan to distribute in Wisconsin. The Department requires you to submit a label for each product and to submit a permit application and fees for each product for which a permit is required. There is a separate application for an exemption determination.</p>					
LICENSE FEE:					
In-State and Out-of-State Manufacturers or Distributors					TOTAL FEE <u>\$25.00</u>
List all WISCONSIN sites at which you will distribute or manufacture soil or plant additives.					
Name		Address, City, WI, Zip		WI County	
I hereby certify the above statements to be true and correct and I am authorized to sign this application. Incomplete applications will delay the issuance of your license.					
SIGNATURE			TITLE		
NAME (PRINT)			TELEPHONE NUMBER ()		FAX NUMBER ()

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

Make check payable to: Wisconsin Department of Agriculture, Trade and Consumer Protection (WDATCP)

Mail forms, labels and check to: State of Wisconsin, DATCP, Box 93193, Milwaukee WI 53293-0193