



Wisconsin Dept. of Agriculture, Trade and Consumer Protection  
 Division of Agricultural Resource Management  
 Bureau of Agrichemical Management  
 Phone: (608) 224-4537  
 Email: [DATCPFert@wisconsin.gov](mailto:DATCPFert@wisconsin.gov)

**OFFICE USE ONLY**

License Number

Date Issued:

25900 700SE 1150073000 4600000 73000 \$

# New Soil or Plant Additive License Application

**October 1, 2023 to September 30, 2024**
*(Section 94.65, Wis. Stats. and ch. ATCP 40.20, Wis. Adm. Code)*

LEGAL BUSINESS NAME & ADDRESS				MAILING ADDRESS (If different from corporate 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 (DBA)				CONTACT EMAIL ADDRESS			
COMPANY WEBSITE ADDRESS				FEDERAL EMPLOYER I.D. # (FEIN) (OPTIONAL)			
<b>PERMIT CONTACT – *REQUIRED*</b> This person will receive the company's annual soil or plant additive permit listing update that is required to be completed upon license renewal				PERMIT CONTACT NAME			
STREET ADDRESS			PO BOX	CITY		STATE	ZIP
IF CHANGE IN COMPANY NAME OR OWNERSHIP, LIST PREVIOUS BUSINESS NAME							
<b>CHECK ONE:</b>	<input type="checkbox"/> Partnership	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> LLC	STATE OF FORMATION	

## LICENSE REQUIREMENTS

No person shall manufacture or distribute soil or plant additives in this state without an annual license from the Department, 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:

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.

**NOTE:** Before the Department can issue this license, you are required to submit a permit application and product label for all soil or plant additive products you plan to distribute in Wisconsin. A separate permit application is required for each product.

<b>LICENSE FEE:</b> In-State and Out-of-State Manufacturers or Distributors - <b>\$25.00</b>							
<b>COMPLETE ONE FORM FOR EACH WISCONSIN PREMISES (SITE) WHERE YOU WILL DO BUSINESS</b>							
Does the Wisconsin site manufacture soil or plant additives? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>A license may not be transferred to another person or site.</b>							
STREET ADDRESS				CITY		STATE	ZIP
						WI	
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		DATE	
PRINT NAME				PHONE		EMAIL	

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

**Mail all forms & check to:** State of Wisconsin, DATCP, Box 93178, Milwaukee WI 53293-0178

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.).

Completion of this form is required to obtain a Soil or Plant Additive license (ss. 15.04(1)(m) and 94.65(2)(a), Wis. Stats., ATCP 40.20(3), Wis. Admin Code).