

Protect. Promote. Prosper.

Nursery License Renewal Form

Please allow 15 business days to process this application in full. This license will expire on June 30, following the date of issue. Fees are not prorated. Do not email this form or payment, they must be mailed in.

PLEASE CHECK THE APPROPRIATE BOX BELOW							
Pay	yment for upcoming season (July 1 st , 2023, to June 30 th , 2024)						
Pay	ment for previous season	(2022-2023 season)	Other				
DO CHANGES NEED TO BE MADE TO YOUR RECORD?							
Up	date business name	Update mailing address					
Up	date business location	Update contact	Update contact information				
Please include the corrected information in the form below. <u>New owners</u> require a new License number, fill out the New Nursery License Form.							
ADDITIONAL NOTES:							
CONTACT INFORMATION							
Legal Name (Owner/s):							
Contact Name:			License #: AG-L				
Mailing Address:							
Phone number:	Cell number:		Fax number:				
Email:							
***Please include your email, this is the primary way we will contact you							
BUSINESS LOCATION INFORMATION (where plants are grown or the store location, SEE PAGE 5)							
Business Name:		Store ID (if applicable):					
Location Address: _							
-							
Phone number:	Fax number:						

CALCULATE YOUR FEE

Minimum total license fee is \$158 and a maximum of \$25,000.

Please use the online Nursery – Fee Calculator to fill in the sections below (available at: https://oda.direct/NurseryFeeCalculator or scan the QR code). If you prefer to calculate these by hand, please download the "Nursery Fee Schedule" document from our website or contact us for a copy to be emailed, mailed, or faxed to you (nursery@oda.oregon.gov; Phone: 503-986-4644; Fax: 503-986-4786).

YOUR LICENSE FEE IS BASED ON:

Nursery Stock or Greenhouse Growers: calculate the total gross <u>sales</u> of nursery stock

Nursery Dealers, Florists, & Landscapers: calculate the total gross <u>purchases</u> of nursery stock

On this online Nursery – Feel Calculator, enter your season total from Line 1 then click on your license type. The calculator will automatically generate the numbers for lines 2 and 3 on the right side of the website. Only calculate the penalty fee for line 4 if you are making a late payment (after August 30th).



•	is year), gross sales/purchases are for this date range. le sales of soil, cut flowers, or other non-living material.
 CALCULATED BASE FEE RESEARCH ASSESSMENT FEE 	\$ \$
· · · · · · · · · · · · · · · · · · ·	te penalty fee equalling 30% of your calculated <u>base fee</u> ate line 4 if you are making a late payment for renewal, will not generate this fee, please use a calculator.
4. LATE PENALTY FEE (Base Fee * 0.3)	\$
5. TOTAL	\$

1. TOTAL GROSS SALES/PURCHASES OF NURSERY STOCK*: \$

PAYMENT METHOD

IMPORTANT NOTES:

- Only use USPS to mail in your payments (do not send this using UPS or FED-EX).
- Do not email this form or payment information, all emailed submissions will be rejected.
- Please print and fill out all pages, then mail them to the appropriate address below.
- Email or fax receipts are available for credit card payments ONLY.
- You can pay in person at the payment window on the first floor of the ODA Salem Office location (635
 Capitol Street NE, Salem) to expedite this process. Public access is through the doors on the West side.

CHECK OR MONEY ORDERS:

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25.00 administrative fee per ORS 30.701. Mail check or money order to:

Oregon Department of Agriculture P.O. Box 4395, Unit 17 Portland, OR 97208-4395

Secure Fax Line:

503-986-4746

Expiration Date: _____

OR

CREDIT CARDS:

<u>Do not email this form</u> or payment information, all emailed submissions will be rejected. Digital signatures on this form are not accepted and will result in a rejected payment.

635 Capitol Street NE

Card Number: _____

Oregon Department of Agriculture

Print email address or fax number: _______

For Visa, MasterCard, Discover, or American Express card charges, complete the following information:

Name of cardholder: _______ Phone: _______

Address of cardholder: _______ Total Charges: _______

*Digital signatures are not accepted, please use a pen

LEAVE THIS PAGE BLANK, CONTINUE ON PAGE 5

IF YOU ARE A NURSERY STOCK GROWER OR GREENHOUSE GROWER, PLEASE INCLUDE ADDITIONAL ADDRESSES FOR EACH LOCATION WHERE YOU GROW PLANTS

License #: AG-L		No additional locations
Location Name/ID:	 	_
Location Address:		
Location Name/ID:	 	_
Location Address:	 	
Location Name/ID:	 	_
Location Address:	 	
Location Name/ID:	 	_
Location Address:		
Location Name/ID:	 	_
Location Address:	 	