



**LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY**

**MIKE STRAIN DVM, COMMISSIONER**

Horticulture Commission, 5825 Florida Blvd., Suite 1003, Baton Rouge, LA 70806, (225)952-8100, FAX (225)925-3760

**CUT FLOWER DEALER PERMIT APPLICATION**

*Please fill in all information in the blocks below. Use capital letters to fill out form.*

BUSINESS NAME									
MAILING ADDRESS									
CITY					STATE			ZIP CODE	
PHYSICAL ADDRESS									
CITY					STATE			ZIP CODE	
CONTACT NAME		Mr.	Ms.	Mrs.	PARISH				
FIRST					BUS. PHONE				
MIDDLE					FEDERAL TAX ID				
LAST					* LA STATE TAX ID				
SUFFIX					** SOCIAL SEC #				
EMAIL									

\* State Tax ID required  
\*\* SSN required if applicant is an individual

	LOCATIONS					TOTAL
NUMBER OF LOCATIONS	<input type="text"/>	<input type="text"/>	x	\$90.00	=	\$ <input type="text"/> .00
						\$ <input type="text"/> .00
				TOTAL FEES		\$ <input type="text"/> .00

In order to apply for a cut flower dealer permit, the applicant must be involved in the business of selling cut flowers.

**INSTRUCTIONS:**

- If you need additional forms, contact Horticulture Commission at (225) 952-8100 or horticulture@ldaf.state.la.us.
- Add new locations in the blocks provided.
- Fill in the total number of locations. Add late fee if needed.
- Do not staple payment to your application. Checks or Money Orders are the only method of payment accepted.
- **DO NOT MAIL CASH.** Make payment to: **LOUISIANA HORTICULTURE COMMISSION** Mail to: 5825 Florida Blvd., Suite 1003, Baton Rouge, LA 70806.

I (we) hereby agree to abide by the Louisiana Horticulture Law, Rules and Regulations.

56080  
**\* 56080 \***

SIGNATURE \_\_\_\_\_ DATE

**CUT FLOWER PERMIT 0130 1605 02 1206**

AES-56-08 (r.07/16)

OFFICE USE	
Transmittal #	<input type="text"/>
Check #	<input type="text"/>
Date	<input type="text"/>
Amt. \$	<input type="text"/> .00

**NEW LOCATION INFORMATION**

LOCATION NAME  1  
PHYSICAL ADDRESS   
CITY  STATE  ZIP CODE   
PARISH  STORE NO.   
LOCATION PHONE  LA STATE SALES TAX #

LOCATION NAME  2  
PHYSICAL ADDRESS   
CITY  STATE  ZIP CODE   
PARISH  STORE NO.   
LOCATION PHONE  LA STATE SALES TAX #

LOCATION NAME  3  
PHYSICAL ADDRESS   
CITY  STATE  ZIP CODE   
PARISH  STORE NO.   
LOCATION PHONE  LA STATE SALES TAX #

LOCATION NAME  4  
PHYSICAL ADDRESS   
CITY  STATE  ZIP CODE   
PARISH  STORE NO.   
LOCATION PHONE  LA STATE SALES TAX #

LOCATION NAME  5  
PHYSICAL ADDRESS   
CITY  STATE  ZIP CODE   
PARISH  STORE NO.   
LOCATION PHONE  LA STATE SALES TAX #

LOCATION NAME  6  
PHYSICAL ADDRESS   
CITY  STATE  ZIP CODE   
PARISH  STORE NO.   
LOCATION PHONE  LA STATE SALES TAX #