

**Application for Commercial Lawn Care Service Fertilizer License**

*PRINT or TYPE all information - Make checks payable to: OFFICE OF INDIANA STATE CHEMIST*

**A. Applicant's Name and Address:**

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**B. Location from which Applicant will distribute tank mixed liquid fertilizer for lawn care service**  
(A separate application must be filed for each location - this form may be duplicated).

Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

If location is R.R. or P.O. Box, give directions to location:

\_\_\_\_\_

**C. Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FEE SCHEDULE: \$100 per location**

**SEND COMPLETED FORMS AND FEE TO:**

**Office of Indiana State Chemist  
Purdue University  
175 S. University Street  
West Lafayette, IN 47907-2063**

**STATE CHEMIST USE ONLY**

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Check #	Amount:	Entered Under:	Date Posted: