

**APPLICATION  
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: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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: \_\_\_\_\_

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

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

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

\_\_\_\_\_

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 ST.  
WEST LAFAYETTE IN 47907-2063**

\_\_\_\_\_

CHECK # \_\_\_\_\_ AMOUNT \_\_\_\_\_

ENTERED UNDER \_\_\_\_\_ DATE POSTED \_\_\_\_\_