

CHRISTMAS TREE GROWER

Please allow 15 business days to process license. License will expire on June 30, following date of issue. Fees are not proratable.

PLEASE PRINT OR TYPE INFORMATION

Legal Name (Owner) _____

Contact _____

Mailing Address _____

City _____ State _____ Zip _____

Phone No. _____ Fax No. _____
(Required)

E-mail Address _____
(Required)

Applicant #: _____
License #: _____
Inspector Code _____

BUSINESS LOCATION:

Business Name (DBA) _____

Street Address _____ Contact _____

City, State, Zip _____ Phone No. _____ Fax No. _____

CIRCLE ONE OF THE FOLLOWING: NEW LICENSE RENEWAL ADDITIONAL INFORMATION

CHRISTMAS TREE GROWER

Location of each separate plantation:

Species of trees grown:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

YOUR REPORTED ACREAGE OF CHRISTMAS TREES IS SUBJECT TO VERIFICATION BY THE DEPARTMENT OF AGRICULTURE.

MINIMUM FEE \$67.00 AND \$5,000 MAXIMUM *

ACRES OF TREES	BASIC CHARGE	ACREAGE ASSESSMENT	Total Number of Acres _____
1 to 40	\$ 64.00 plus	\$ 3.00 per acre	\$ _____
41 to 100	\$ 184.00 plus	\$ 2.70 per acre over 40	\$ _____
101 to 200	\$ 343.30 plus	\$ 2.20 per acre over 100	\$ _____
Over 200	\$ 561.10 plus	\$ 1.70 per acre over 200	\$ _____
		TOTAL FEE DUE	\$ _____

*A fee calculator is located on the ODA website: http://oda.state.or.us/dbs/nursery_fee/calculator.lasso

PAYMENT METHOD

For Checks or Money Orders, mail to:
Oregon Department of Agriculture
PO Box 4395, Unit 16
Portland OR 97208-4395

For Credit Card Charge, mail or fax to:
Oregon Department of Agriculture
635 Capitol St. N.E.
Salem OR 97301-2532

Secure Fax (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

For Visa or MasterCard Charges Complete the Following Information

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Email or Fax receipt available for credit card payments ONLY. Print Email address or Fax# _____

Signature: _____ Total Charges: \$ _____

Card Number: _____ / _____ / _____ Expiration Date: _____ / _____