



**OREGON
DEPARTMENT OF
AGRICULTURE**

Protect. Promote. Prosper.

Nursery License Application 2024-2025

Please allow 15 business days to process this application in full. You can expedite this process by coming to the ODA Salem office and paying in-person with cash or check at the cashier's office located on the 1st floor.

This application is for the 2024-2025 Season and will expire on June 30, 2025. **Fees are not prorated.**

[Do not email this form or any credit card information.](#)

PLEASE CHECK THE APPROPRIATE BOX BELOW

- Payment for season (July 1st, 2024, to June 30th, 2025)
- Payment for previous season (2023-2024 season) Other _____

CONTACT INFORMATION

Legal Name (Owner/s): _____

Contact Name: _____

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

Business Name: _____ Store ID (if applicable): _____

Location Address** _____

Phone number: _____ Fax number: _____

**Add additional growing locations on page 5 of this application

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 \$35.00 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

CREDIT CARDS:

Do not email this form or payment information, all emailed submissions will be rejected.

Digital signatures on this form are not accepted and will result in a rejected payment.

Oregon Department of Agriculture		Secure Fax Line:
635 Capitol Street NE	OR	503-986-4746
Salem, OR 97310-2532		

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: _____

Signature*: _____ Total Charges: _____

*Digital signatures are not accepted, please use a pen

Card Number: _____ Expiration Date: _____

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

Nursery Name _____

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: _____
