



**OREGON  
DEPARTMENT OF  
AGRICULTURE**

*Protect. Promote. Prosper.*

## Temporary Nursery License Application for Non-Profit Organizations

\*Non-Profit Tax Payer Number / Tax Identification Number: \_\_\_\_\_

*\*Please enclose proof of non-profit organization registration*

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

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

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Sale Location Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sale Dates (Sale shall not exceed seven (7) consecutive calendar days): \_\_\_\_\_

**LICENSE FEE: \$5.00**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print owner or signatory name: \_\_\_\_\_

---

**Nursery & Christmas Tree Program**

635 Capitol St, NE  
Salem, OR 97301-2532  
503.986.4644 | [oda.direct/Nursery](http://oda.direct/Nursery)

PCA 34031  
OBJ 8208  
Revised 12/2020



**PAYMENT METHOD**

**FOR CHECK OR MONEY ORDER, MAIL TO:**

Oregon Department of Agriculture  
P.O. Box 4395, Unit 17  
Portland, Oregon 97208-4395

**FOR CREDIT CARD CHARGE, MAIL OR FAX TO:**

Oregon Department of Agriculture  
635 Capitol Street NE  
Salem, Oregon 97301-2532  
Secure Fax: 503.986.4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25.00 administrative fee per ORS 30.701.

**For Visa, MasterCard, Discover, or American Express card charges, complete the following information:**

Name of cardholder: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of cardholder: \_\_\_\_\_

\_\_\_\_\_

Email or fax receipt available for credit card payments **ONLY**.

Print email address or fax number: \_\_\_\_\_

Signature: \_\_\_\_\_

Total Charges: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_