Application For Iowa Pesticide Dealer License	Office use only
Pursuant to <i>Iowa Code</i> section 206.2(21) and 206.8, any person who distributes* (1) any amount of restricted use pesticide; (2) any pesticide (either general use or restricted use) for use by commercial or public applicators; (3) more than \$10,000 gross annual retail sales of general use pesticides labeled for agricultural or lawn and garden use must first obtain a pesticide dealer license from the Secretary of Agriculture for each business location owned or operated by the dealer, and shall pay an initial fee of \$25 for each licensed location. Manufactor not engaged in the retail sale of pesticides are required to obtain a dealer's license for each location in Iowa. For the completion of this application you may call 515-281-5601 or email pesticides@iowaAgriculture.gov.	cturers or distributors* who are facilities which retail pesticides e in amounts less than \$10,000
Make check in the amount of \$25 payable to: Io	wa Secretary of Agriculture

Mail application with payment to: Iowa Department of Agriculture and Land Stewardship Pesticide Bureau Henry A. Wallace Building – 502 E 9th St. Des Moines, IA 50319-0051 **Location Information Business Name:** Owner or Person Responsible and Title Physical Address (line 1) Physical Address (line 2) City, State, Zip Code Tax ID Number (EIN) □ OR SSN 🗆 County Primary Phone Number Alternate Phone Number with Area Code with Area Code Cell Phone Number Fax with Area Code with Area Code E-Mail Address: Website URL: Please check all that apply for the type of pesticide distribution* for this location: \square Employer of certified pesticide handlers and/or Iowa Aerial Consultants \mathbf{PH} ☐ Distributor* of restricted use pesticides. (any quantity, any type) **R** Office use only ☐ Distributor* of general use pesticides labeled for agricultural or lawn/garden use at retail amounts more than \$10,000 per year. **O** *NOTE: "Distribution" includes pesticides applied by a ☐ Manufacturer or wholesaler location in Iowa *not* engaged commercial applicator, except those pesticides purchased and in the retail sales of pesticides. M supplied by the customer. This location has pesticide containment storage structure(s).

Yes No If Yes, Containment Plan ID Number: ____ **MAILING ADDRESS** where renewal forms and other correspondence are to be sent, if different from above. \Box *Check if same as above.* **Business Name:** Contact Person and Title Mailing Address

Phone Number

with Area Code

Fax with Area Code

City, State, Zip Code

E-Mail Address

County

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Signature and title of person responsible for this location:

Date

Validation Code #67 \$25 009-0401