



TENNESSEE DEPARTMENT OF AGRICULTURE
CONSUMER AND INDUSTRY SERVICES – ATTN: AG INPUTS SECTION
BOX 40627 MELROSE STATION
NASHVILLE, TENNESSEE 37204
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APPLICATION FOR SEED SELLER LICENSE
2016 – 2017

Pursuant to Tenn. Code Ann. §43-10-118, every seed seller whose name appears on the analysis label, bulk container or shipping invoice for sale of seed to a non-labeler must obtain a seed seller license from the Department of Agriculture. Seed sellers must also file with the Department an annual statement indicating the number of seed units sold in in the state during the previous licensure year. Fees for the license are determined according to this self-reported data.

All licenses expire on June 30 following their issuance. License fees for renewal must be remitted to the Department by July 16 following expiration of the license. Nonpayment of the license fee by July 16 will result in an additional late charge of \$50 for renewal of the license. Checks should be made payable to the Tennessee Department of Agriculture and mailed with this completed form and enclosed return envelope.

ANNUAL STATEMENT FOR SEED SELLER LICENSE
(to be completed by applicant)

Number of seed containers, weighing 6 – 100 lbs., sold in TN, July 1, 2015 – June 30, 2016:		_____	
Number of hundredweight of seed sold in bulk in TN, July 1, 2015 – June 30, 2016:	+	_____	
Number of tobacco seed packages, weighing 2 oz. or less, sold in TN, July 1, 2015 – June 30, 2016:	+	_____	
Number of cases of seed packages, weighing less than 5 lbs., sold in TN, July 1, 2015 – June 30, 2016:	+	_____	
Total seed units:	=	_____	
Minus 3,000 seed units:	=	_____	
Divided by 600 seed units	=	_____	
Multiplied by \$25	=	_____	
			TOTAL LICENSE FEE (\$100 minimum)

Note: seed units sold in Tennessee need only be reported to the Department once, by one license holder. Subsequent sales of seed units are exempt from reporting requirements, provided that the original seller of the seed reported the sales to the Department and maintains a seed seller license in good standing.

APPLICANT/COMPANY _____	OWNER/MANAGER _____
FACILITY ADDRESS _____	CITY _____ STATE _____ ZIP _____
MAILING ADDRESS _____	CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____	EMAIL ADDRESS _____
<i>Information reported in this application is correct and complete to the best of my information and belief. I am authorized to report this information and to seek regulatory licenses on behalf of Applicant.</i>	
NAME (PRINT) _____	PERMIT NUMBER (if applicant is seeking renewal) _____
SIGNED _____	DATE _____ AMOUNT ENCLOSED \$ _____
<i>Pre-printed portions of this form represent information on file with the Department. Please strike and correct as appropriate.</i>	