



# Vermont Agency of Agriculture, Food & Markets

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Montpelier VT 05620-2901  
802-828-2431  
www.vermontagriculture.com

## APPLICATION FOR A PESTICIDE COMPANY LICENSE

Authorized under 6 V.S.A Chapter 87 and regulations pertaining thereto. Request is hereby made for a pesticide company license:

**A \$60.00 fee must accompany this application. No refunds of \$1.00 or less will be made unless requested.**

### COMPANY INFORMATION \*\*\*please print clearly\*\*\*

Company # (for office use only) \_\_\_\_\_

Business Name:		Secondary Business Name (optional)	
Company website:			
Company Officer:			
Mailing Address line 1:			
Address line 2:			
Town:		State:	Zip:
Phone:		Fax:	
Company Email:			

Location of VERMONT Offices (if applicable)	Certified Applicator Employed

### CERTIFICATION OF COMPLIANCE WITH 15 V.S.A SECTION 795 AND 32 VSA SECTION 3113

I hereby certify that I am in good standing with respect to any obligations for child support and, that under the pains and penalties of perjury, I am in good standing with respect to, or in full compliance with, a plan approved by the Commissioner of Taxes to pay any and all taxes due to the State of Vermont as of the date of this application.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

IF YOU ARE NOT IN GOOD STANDING AT THIS TIME, DISCONTINUE THIS APPLICATION AND CONTACT THE COMMISSIONER OF THE VERMONT DEPT. OF SOCIAL WELFARE OR THE VERMONT DEPT. OF TAXES FOR FURTHER INFORMATION ON BRINING YOURSELF INTO GOOD STANDING.

*FOR OFFICE USE ONLY*	
Date _____	Amount _____
Cash <input type="checkbox"/> Check <input type="checkbox"/> Name _____	
Rpt _____	Initials _____