



# LANDSCAPE CONTRACTOR LICENSE APPLICATION

(All licenses expire on October 31 following date of issue.)

PLANT INDUSTRIES  
DIVISION

### Nursery Landscape Contractor Defined:

Any person or firm whose primary objective is the installation of ornamental or horticultural plants, or offering for sale, or selling nursery stock in Arkansas through the planting of nursery stock for compensation.

**FEES:** If landscape contractor maintains a heelyard, Level I will cover up the first 5,000 square feet of that heelyard or display area. Also covers planting site inspection of plants where landscape contractor does not maintain a heelyard or display area.

<b>LEVEL I</b>	0-5,000 square feet heelyard area	<b>\$150.00</b>
<b>LEVEL II</b>	5,001-15,000 square feet heelyard area	<b>\$300.00</b>
<b>LEVEL III</b>	over 15,001 square feet heelyard area	<b>\$450.00</b>

I hereby apply for a Landscape Contractors License.

**Enclosed:**

**Nursery Certificate Tags:**  
**\$0.90 each page**

(ONLY for out of state shipments)

\* Do you have a heelyard or display area where plants may be inspected?

Yes \_\_\_\_\_ No \_\_\_\_\_

\* Include MY Business Contact Info in the Online Directory?

Yes \_\_\_\_\_ No \_\_\_\_\_

<u>License Fee/ Inspection Fee</u> <i>(Choose Appropriate Level)</i>	\$ _____
<u>Nursery Certificate Tags</u> <i>( 6 tags per page )</i> _____ of Pages	\$ _____
<u>Late Fee</u> <i>(50% additional fee if renewal application is postmarked after <b>October 31</b>)</i>	\$ _____

**TOTAL: \$ \_\_\_\_\_**

Name of Business \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Email/Website \_\_\_\_\_

(PLEASE PRINT YOUR NAME)

**THIS APPLICATION SHOULD BE MAILED TO:**

Arkansas Department of Agriculture  
P.O. Box 1069  
Little Rock, AR 72203

**AND SHOULD BE ACCOMPANIED BY THE PROPER FEES**

**Late Fee: Renewal applications postmarked after October 31 are charged an additional 50% of the total fee.**

**THIS APPLICATION IS CONSIDERED  
INCOMPLETRE UNLESS THE SECOND PAGE  
(REQUIRED CONFIDENTAL FORM) IS COMPLETED.**

**Required Confidential Information Form**

Instructions: Please print clearly. This information is confidential and required by Act 1163 of 1997.  
The name below should appear the same as on the license application form.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Do not write below this line**

**For Plant Industries Use Only Type of License(s) Issued**

License Number

- Private Applicator License.....  .....
- Commercial Individual License.....  .....
- 2,4-D OIC Authorization Permit.....  .....
- 2,4-D Pilot's Authorization Permit .....  .....
- Non-Commercial License .....  .....
- Ginseng Dealer License .....  .....
- Ginseng Man License.....  .....
- Landscape Contractors License .....  .....
- Pest Control License .....  .....
- Ag Consultants License .....  .....
- Seed Dealers License .....  .....
- Seed Treaters License .....  .....
- Registered Seed Technologists License.....  .....
- Other .....  .....

During the Arkansas General Assembly legislators passed Act 1163 of 1997. This Act mandates that on and after July 1, 1997, all persons, boards, commissions, or other licensing entities issuing any occupational, professional or business license or marriage licenses will record the name, address and social security number of each person applying for such licenses on the license application, or on the license if no application is required. The Arkansas Department of Agriculture is required to submit this information to the Office of Child Support Enforcement.