



MASTER LICENSE SERVICE
 DEPARTMENT OF LICENSING
 PO BOX 9034
 OLYMPIA WA 98507-9034
 Telephone: (360) 664-1400

UBI
OWNER NAME

Agriculture Addendum

This supplemental form may only be submitted as an attachment to the Master Business Application.

Business name _____

A. COMPLETE THIS SECTION FOR PESTICIDE DEALER.

1. Name of designated dealer-manager for this location _____
 License qualification number _____

2. If out of state firm, complete below:
 Legal agent name _____
 Legal agent address _____

B. COMPLETE THIS SECTION FOR NURSERY RETAILER/WHOLESALER.

1. Indicate which one of the following describes your **primary** nursery business activity:
 Garden Center Propagation/Production Landscaper Landscape Supplier Florist

2. Are you propagating plant material?..... Yes No

3. Do you ship plant materials out of Washington? Yes No

4. Do you grow Cydonia, Chaenomales, Malus, Prunus, Pyrus or Vitis? Yes No

C. COMPLETE THIS SECTION FOR EGG DEALER.

1. Indicate your business activities. Check all that apply.
 Egg Producer/Packer Shell Egg Processor Egg Distributor Wholesaler

