

IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP
APPLICATION FOR AGRICULTURAL LIMING MATERIAL LICENSE

Agricultural liming material shall not be distributed in this state unless the manufacturer of the agricultural liming material obtains a license for each facility owned by the manufacturer for distribution of agricultural liming material in this state. **License fee is \$25.00** for each manufacturing facility distributing into this State.

Please fill in company name and mailing address below:

Remittance Payable to:
Secretary of Agriculture
MAIL APPLICATION TO:
Iowa Dept. of Agriculture &
Land Stewardship
Attn: Fertilizer Program
Wallace Bldg.-502 E 9th St.
Des Moines, Iowa 50319-0051
Tel: 515-281-8597/Fax: 515-281-4185

County No.: _____ County Name: _____

Telephone: _____ Fax: _____

E-mail: _____

If you are doing business under a new name due to a merger, buyout or other business transaction, please list previous name and Agricultural Liming Material License Number: _____

Agricultural liming material shall not be sold, offered for sale, or exposed for sale in this state unless a label accompanies the agricultural liming material which provides the following information:

- (1) The name and address of the principal office of the manufacturer.
- (2) The brand or trade name of the agricultural liming material.
- (3) The identification of the type of agricultural liming material. (Industrial by-product, Pelletized lime, Quarry lime, Water treatment lime)
- (4) The undried net weight of the agricultural liming material.
- (5) The effective calcium carbonate equivalent of the agricultural liming material in the following form "Iowa Secretary of Agriculture Certified _____ pounds ECCE per ton."

ATTACH SAMPLE COPY OF LABEL TO THIS APPLICATION. FAILURE TO SUBMIT A LABEL WILL CAUSE THIS APPLICATION TO BE RETURNED.

Total number of manufacturing facilities to be licensed: _____ X \$25 = Total Fee Due: _____

(Please list all facilities to be licensed on reverse side of form)

State of Iowa, County of _____

I, the undersigned, hereby state that the above, to the best of my knowledge, is true and correct.

Signature _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public

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Company name and address:

Total Number of Manufacturing Facilities (25.00 for each): _____

List all facility locations from which agricultural lime is sold in the State of Iowa. Use additional sheets if necessary.

1. Facility Name: _____

Facility Address: _____

City: _____ State: _____

County Number: _____ County Name: _____

Township: _____ Section: _____

2. Facility Name: _____

Facility Address: _____

City: _____ State: _____

County Number: _____ County Name: _____

Township: _____ Section: _____

3. Facility Name: _____

Facility Address: _____

City: _____ State: _____

County Number: _____ County Name: _____

Township: _____ Section: _____

4. Facility Name: _____

Facility Address: _____

City: _____ State: _____

County Number: _____ County Name: _____

Township: _____ Section: _____

5. Facility Name: _____

Facility Address: _____

City: _____ State: _____

County Number: _____ County Name: _____

Township: _____ Section: _____