

APPLICATION FOR THE INSPECTION OF A PLANT ESTABLISHMENT

Nursery/Grower's Name:	Date:
License No.	No. of Acres
Address:	Phone No
Email address:	
Please list below the sources from which you resale, including local and international supp	obtain nursery stock for either lining out or immediate liers. (If none, please indicate).
Name of Supplier	Address & Phone Contact(s) of Supplier
Please list location where stock will be sold (f	Farmer's Market):
Address (Description of Location)	City/Island
Applicant Name (please print):	
Applicant's Signature:	
Received by:	Date: