



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRIES

PLANT MERCHANT CLOSING APPLICATION  
(Application must be typed or printed)

Date of Application: \_\_\_\_\_

**Must be completed by Applicant**  
**PAPlant ID #**  
\_\_\_\_\_

**I. Instructions to Applicant**

Complete the following Application and all supporting documents and applicable attachments and submit the original to the Department of Agriculture, Bureau of Plant Industries at the following address:

Bureau of Plant Industries  
ATTN: Plant Merchant License  
2301 North Cameron Street  
Harrisburg, PA 17110-9408

Please note that if additional space is required to answer any part of this application, the applicant should provide an attachment containing the information requested.

**II. Applicant Information**

A. Plant Merchant Name appearing on the Plant Merchant License

1. Name on Plant Merchant License \_\_\_\_\_  
\_\_\_\_\_

B. Location of Plant Merchant Operation to be Closed –  
*Please include any and all registered Growing Locations listed in PAPlants associated with your operation.*

Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip \_\_\_\_\_  
County \_\_\_\_\_  
Township \_\_\_\_\_  
Telephone Number: Office (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

C. Legal Responsibility and Contact Information.



Contact Person(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: Office (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**IV. Conditions of Closure**

The following are the terms and conditions of your execution and submission of this application.

1. The filing of this Closure of Plant Merchant application constitutes a voluntary surrender of applicant’s Pennsylvania Plant Merchant License and a voluntary failure to renew applicant’s Pennsylvania Plant Merchant License. Without a Pennsylvania Plant Merchant License, applicant may not sell, deal, deliver, solicit, receive, transport or otherwise exchange nursery stock, or act as a dealer, nurseryman or agent in the Commonwealth of Pennsylvania.

2. Subsequent to the execution of this Closure of Plant Merchant application, the applicant may not sell, deal, deliver, solicit, receive, transport or otherwise exchange any remaining nursery stock, from the above location in the Commonwealth of Pennsylvania without prior written notification to and written approval from the Department.

3. The applicant shall turn in any remaining dealer certificates.

4. The previously licensed establishment shall be subject to inspection to confirm closed status.

**V. Applicant Signature (All Applicants Previously Listed Must Sign Below)**

Signature instructions: Please sign below in the space provided applicable to your status as the Participant. All persons with an ownership interest in the business subject to this Application are Participants and must sign. If Participant is one of several persons with an ownership interest in the business subject to this Application, look for the listing below for the type of entity in which Participant possesses an ownership interest and sign there.

IN WITNESS WHEREOF, the Parties have executed this Application intending to be bound hereby.



**1. IF APPLICANT IS AN INDIVIDUAL / SOLE PROPRIETOR:**

\_\_\_\_\_  
\_\_\_\_\_/date:\_\_\_\_\_  
(legibly print name here)

**2. IF APPLICANT IS A PARTNERSHIP**

\_\_\_\_\_, General Partner \_\_\_\_\_, General Partner  
\_\_\_\_\_/date:\_\_\_\_\_ /date:\_\_\_\_\_  
(legibly print name here) (legibly print name here)

\_\_\_\_\_, General Partner \_\_\_\_\_, General Partner  
\_\_\_\_\_/date:\_\_\_\_\_ /date:\_\_\_\_\_  
(legibly print name here) (legibly print name here)

**If you need more space, please attach additional sheets**

**3. IF APPLICANT IS A CORPORATION**

**Name:**

\_\_\_\_\_  
(name of corporation)

**By:** \_\_\_\_\_/date:\_\_\_\_\_

**By:** \_\_\_\_\_/date:\_\_\_\_\_

President / Vice President  
(circle which)

Secretary/ Treasurer  
(circle which)

\_\_\_\_\_  
(legibly print name here)

\_\_\_\_\_  
(legibly print name here)

**4. IF APPLICANT IS A LIMITED LIABILITY COMPANY (LLC)**

**Name:**

\_\_\_\_\_  
(name of LLC)

**By:** \_\_\_\_\_ - member **By:** \_\_\_\_\_ - member

\_\_\_\_\_/date:\_\_\_\_\_  
(legibly print name here)

\_\_\_\_\_/date:\_\_\_\_\_  
(legibly print name here)

**By:** \_\_\_\_\_ - member **By:** \_\_\_\_\_ - member

\_\_\_\_\_/date:\_\_\_\_\_  
(legibly print name here)

\_\_\_\_\_/date:\_\_\_\_\_  
(legibly print name here)

**If you need more space, please attach additional sheets.**