



Maryland Department of Agriculture

Agriculture | Maryland's Leading Industry

Office of Plant Industries & Pest Management

Martin O'Malley, Governor
Anthony G. Brown, Lt. Governor
Earl F. Hance, Secretary
Mary Ellen Setting, Deputy Secretary

The Wayne A. Cawley, Jr. Building
50 Harry S. Truman Parkway
Annapolis, Maryland 21401
Internet: www.mda.maryland.gov

410.841.5700 Baltimore/Washington
301.261.8106 Washington, D.C.
410.841.5914 Fax
800.492.5590 Toll Free

OFFICE OF PLANT INDUSTRIES & PEST MANAGEMENT PLANT PROTECTION & WEED MANAGEMENT Phone 410-841-5920 Fax 410-841-5835

CB# 45305 5784 BANK USE ONLY

APPLICATION FOR GINSENG DEALER'S LICENSE

I, _____
Name (please print)

in accordance with the provisions of Agriculture Article, Section 9-602B, Annotated Code of Maryland "A **PERSON WHO BUYS GINSENG FOR RESALE SHALL REGISTER ANNUALLY WITH THE DEPARTMENT AS A GINSENG DEALER**", hereby apply for a Ginseng Dealer's License. The license period is from September 1st of the current year through March 31st of the following year. A license purchased during the license period cannot be prorated.

APPLICATIONS ONLY ACCEPTED AFTER JULY 1

Send completed application with a check or money order for \$20.00 payable to the **Maryland Department of Agriculture** to:

Ginseng Management Program
Maryland Department of Agriculture
P.O. Box 17304
Baltimore, MD 21297-1304

Name of Firm or Individual _____

Mailing Address _____

Telephone Number _____

I agree to keep the following records for 3 years and to make them available to the Maryland Department of Agriculture upon request.

1. A Ginseng Transaction Record where, for each sale, the name and permit number of the collector and the county where ginseng was collected, or the name and dealer license number of the seller; and the weight in pounds and ounces or kilograms and grams, of ginseng purchased is recorded.
2. The total amount paid annually for ginseng collected in Maryland.

Signature

Date

FOR DEPARTMENTAL USE ONLY

Date Application Received: _____

License No.: _____

Fees Paid: _____

Date Approved: _____

Check No.: _____

Date Mailed: _____