



# Maryland Department of Agriculture

Office of Plant Industries and Pest Management

Wes Moore, Governor  
Aruna Miller, Lt. Governor  
Kevin M. Atticks, Secretary  
Steven A. Connelly, Deputy Secretary

Plant Protection and  
Weed Management

Agriculture | Maryland's Leading Industry  
mda.maryland.gov

The Wayne A. Cawley, Jr. Building  
50 Harry S Truman Parkway  
Annapolis, Maryland 21401

410-841-5920 Baltimore/Washington  
410-841-5835 Fax

## **CB# 45203 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 31<sup>st</sup> of the following year. A license purchased during the license period cannot be prorated.

**APPLICATIONS ONLY ACCEPTED AFTER JULY 1<sup>st</sup>. 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/Email Address \_\_\_\_\_

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 Maryland **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 purchase 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: \_\_\_\_\_