



# Maryland Department of Agriculture

## Office of Plant Industries and Pest Management

**Larry Hogan**, Governor

**Boyd K. Rutherford**, Lt. Governor

**Joseph Bartenfelder**, Secretary

**Julianne A. Oberg**, Deputy Secretary

Agriculture | Maryland's Leading Industry

## Plant Protection and Weed Management

The Wayne A. Cawley, Jr. Building

50 Harry S. Truman Parkway

Annapolis, Maryland 21401

[www.mda.maryland.gov](http://www.mda.maryland.gov)

410.841.5920 Baltimore/Washington

410.841.5835 Fax

800.492.5590 Toll Free

**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

\_\_\_\_\_

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: \_\_\_\_\_