FORM 535
Revised: 07/2011

Arkansas Department of Agriculture
P.O. Box 1069
Little Rock, AR 72203

APPLICATION FOR GINSENG DEALER LICENSE

Please fill out this application and enclose **$50.00 annual license fee.**

Name of Business_____

Contact Name_____ Phone #_____
(PLEASE PRINT YOUR NAME)

Mailing Address_____

Physical Address_____

E-Mail_____ Website_____

I agree to maintain true records of all purchases and sales of wild American and cultivated ginseng roots. The following information will be recorded and kept for a minimum of three years.

A. Name and address of collector or grower. (FORM 538A)
B. Name and address of collector or grower. (FORM 538A)
C. Weight of ginseng roots (in pounds and ounces)(green or dry weight) purchased (FORM 538A) or sold (detachment from FORM 539). Information is to be recorded for each transaction.
D. Copies of nursery inspection certificates for cultivated ginseng. (FORM 536)
E. Copies of the Ginseng Certificate to Possession. (FORM 540)

I agree to submit information from these records as required to the Arkansas Department of Agriculture and to make the records and ginseng roots in my possession available for inspection by an authorized employee of the Arkansas Department of Agriculture.

I understand that registration and execution of this agreement is in partial fulfillment of requirements of the Arkansas Department of Agriculture for issuance of a Certificate of Legal Taking. I agree to use any Certificates of Legal Taking which are issued based on this agreement in accordance with the requirements of the Arkansas Department of Agriculture.

FEES: Act 774 of 1985, Section 4 …"the annual license fee for a Ginseng Dealer shall be $50.00, which shall accompany the application for a license."

_____ _____
Signature of Dealer **Date**