PERMIT NO._____

STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF NATURAL AREAS
Davy Crockett Tower
500 James Robertson Pkwy., 8th Floor
Nashville, Tennessee 37243
Phone (615) 532-0431

GINSENG DEALER REGISTRATION AND PERMIT

This registration and permit form should be sent to the address above.

I, _____
Name of Dealer and Title - President, Owner, etc.

and, _____ _____
Name of Dealer's Agent Dealer's Initials for Approval

of _____
Name of Business or Organization

_____
Dealer's Address - Street or Post Office Box Number

_____ _____ _____
City State Email

_____ _____
Zip Code Phone Numbers

hereby make application for a Ginseng Dealer's Permit in accordance with the Tennessee Ginseng Dealer's Act, Chapter 445, Public Acts of 1983. Enclosed is the $250 license fee, check, or money order paid to "State of Tennessee".

I hereby certify that the information given above is true and correct to the best of my knowledge and belief. I further certify that I am familiar with and will abide by the laws, rules and regulations governing the purchase, sale and export of wild, woods grown and cultivated ginseng.

_____ _____
Signature of Dealer Date

Do Not Write Below This Line

Approved this _____ day of _____, 20_____
by _____, Director, Division of Natural Areas, Tennessee Department of Environment and Conservation.

THIS PERMIT IS VALID FOR THE PERIOD FROM SEPTEMBER 1, 20___, OR THE DATE OF ISSUANCE, TO AUGUST 31, 20___. PERMITS ARE ISSUED ON AN ANNUAL BASIS.