

Borough of Medford Lakes, NJ

COMMERCIAL APPLICATOR
FERTILIZER PERMIT FOR YEAR _____

CONTRACTOR _____
ADDRESS _____

PHONE _____
BUSINESS _____
REGISTRATION # _____

(As issued by the State of New Jersey)

FOR OFFICIAL USE ONLY
PERMIT NO. _____
DATE ISSUED _____
VALIDATING SIGNATURE: _____

The applicant, a COMMERCIAL FERTILIZER APPLICATOR licensed by the STATE OF NEW JERSEY
Hereby registers for obtaining a permit for spraying within the Borough of Medford Lakes.

The following is a list of FERTILIZERS intended to be used during the season, together with their
ENVIRONMENTAL PROTECTION AGENCY registration numbers:

FERTILIZER BY NAME

EPA REG. NUMBERS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

***I the undersigned applicant am familiar with all pertinent Medford Lakes
Borough Ordinances, Code and Regulations and agrees to fully comply
with the same.***

SIGNATURE OF APPLICATOR

CASH CHECK # _____
\$100.00 FEE PAID

DATE

DATE

NJ BUSINESS REGISTRATION NO.

APPLICATION OF PHOSPHORUS FERTILIZER IS PROHIBITED

This permit shall expire December 31st of the year issued.