Borough of Medford Lakes, NJ

COMMERCIAL APPLICATOR
FERTILIZER PERMIT FOR YEAR 2010

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

_____
DATE

_____
NJ BUSINESS REGISTRATION NO.

☐ CASH ☐ CHECK #_____
$100.00 FEE PAID

_____
DATE

APPLICATION OF PHOSPHORUS FERTILIZER IS PROHIBITED

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