



Florida Department of Agriculture and Consumer Services
Division of Fruit & Vegetables

CHARLES H. BRONSON
COMMISSIONER

ANNUAL TOMATO PACKER/REPACKER
PERMIT APPLICATION

Section 500.12, 500.031 and 570.48(2), F.S. and Rule 5G-6.007, F.A.C.
Rule 5G-6.007

Phone: (863) 291-5820 Ext 216 or 225
(800) 782-3240 Ext 216 or 225

Make check or money order payable to
FDACS and remit with application to:
Division of Fruit and Vegetables
Office of License & Bond
P.O. Box 1192
Winter Haven, FL 33882-1192

The Department of Agriculture and Consumer Services is the exclusive regulatory and permitting authority for any person, business or corporation engaged in packing and repacking of fresh tomatoes. For purposes of this application, packing and repacking fresh tomatoes includes not only that work done in physical packing houses but also field packing and any mobile packing activities. Packing and repacking does not include the harvesting, temporary packing and containerizing of fresh tomatoes for movement to a packing house or other packing/repacking facility where final preparation and packing will be completed before distribution. REMIT PERMIT COST OF \$100.00 WITH APPLICATION.

INFORMATION ABOUT THE LOCATION TO BE PERMITTED

___ Renewal ___ New Business ___ Corrected Information ___ Other

If Other, please list here: _____

Business Name: _____

Nature of Business: ___ Packer ___ Repacker ___ Mobile Packer (includes field packing operations)

Location Address: _____

City/State/Zip: _____, _____

Phone Number: () _____ Ext: _____ Mobile Number: () _____

Fax Number: () _____

Directions: _____

INFORMATION ABOUT THE OWNER

Name of Owner: _____

Business Type: ___ Corporation ___ Sole Proprietor ___ Partnership ___ Trust ___ Charitable ___ Other

If Other, Please list here: _____

Phone Number: () _____ Ext: _____ Mobile Number: () _____

Mailing Address: _____

City/State/Zip: _____, _____

E-mail: _____

This application must be signed by the applicant, owner or chief executive of the applicant, without the need for witnesses. If a corporation is in the hands of a receiver or trustee, this application shall be executed on behalf of the corporation by the receiver or trustee. I certify that I am empowered to execute this application as required by Chapter 500, Florida Statutes.

Print Name of Applicant

Title

Signature

Date

Org. Code: 42070204000
EO A2
Object Code: 001037 \$100.00