



ADAM H. PUTNAM  
COMMISSIONER

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

**ANNUAL TOMATO PACKER/REPACKER  
REGISTRATION APPLICATION**

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

Phone: (863) 578-1947 or 1927  
(800) 782-3240 Ext 1947 or 1927

Make check or money order payable to FDACS and remit with application to:

Division of Fruit and Vegetables  
Office of License & Bond  
170 Century Blvd.,  
Bartow, Florida, 33830-9701

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