WILTON SIMPSON COMMISSIONER	C APPLICATION Sections 586.045	and 586.10(3)(f)15., F.S./ Rule 5B-54.010, F.A.C. Bainesville, FL 32614-7100 / Phone: (352) 395-4700		Remit online payment at <u>www.FDACS.gov</u> <u>or</u> - Check or Money Order payable to: FDACS P.O. Box 6720 Tallahassee, FL 32314-6720
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(Owner(s) Name)				
(Mailing Address)				
(City)	(State)	(Zip Code)	(County)	
(Physical Address if diffe	erent from above)			
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(Phone Numbers)				
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I, ______, acknowledge that I am the parent and/or guardian of the minor completing this application, that they are under my legal authority, the information contained within the application is accurate and truthful, and hereby agree to the terms of the application and the relevant portions of Chapter 586, Florida Statutes and Rule Chapter 5B-54, Florida Administrative Code.

Distribution: Original – Gainesville

Apiary Inspection: Org Code: 42080705000 EO: A8 Object Code: 001156