



GINSENG DEALER PERMIT APPLICATION

Ohio Ginseng Management Program
2045 Morse Road, Bldg. G-3, Columbus, Ohio 43229-6693

Ginseng Dealer's Name:			
Universal Business ID or SSN:			
Name of Business:			
Street or P.O. Box #:			
City:	State:	Zip Code:	County:
Home Phone:		Work Phone:	
Email Address:			
Location of Records (in Ohio):			
Location of Ginseng Roots (in Ohio):			

I understand that I am subject to and have read Ohio Revised Code sections 1533.86 through 1533.90, as well as Administrative Rules 1501:31-40-01 through 1501:31-40-29 and agree to abide by them under penalty of law.

I agree to maintain true and accurate records of all purchases and sales of American ginseng roots and submit copies of these records to the ODNR Division of Wildlife. Furthermore, I understand that all records and ginseng must be available for inspection to the personnel of the ODNR Division of Wildlife as well as by any law enforcement officer having jurisdiction.

Signature of Dealer _____
Date

For Official Use Only	
Date Received: _____	Approved by: _____
Permit #: _____	Date Issued: _____