



Fertilizer Program
2331 West 31st Avenue
Denver, CO 80211-3859

Phone: (303) 477-0086
Fax: (303) 480-9236
Email: fertilizer@ag.state.co.us

COMPOST FACILITY REGISTRATION APPLICATION

JANUARY 1 - DECEMBER 31, 2012
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(Please submit a separate application for
each location in Colorado.)

Please do not write in this space.

Facility Registration Fee: \$ 50.00 (410)

TOTAL FEE(S) DUE: \$ _____

INSTRUCTIONS

- Please print clearly and legibly in black ink on one side of the application.
- Mail completed application and fee to:

Cashier
Colorado Department of Agriculture
700 Kipling Street, Suite 4000
Lakewood, CO 80215-8000

APPLICANT INFORMATION

(Please type or print)

Business Name: _____

Physical Address of Compost Facility: _____

City, State, Zip: _____ County: _____

Phone #: _____ Fax #: _____

Business Mailing Address: _____

City, State, Zip: _____

Owner, Manager, or Contact: _____

Email Address: _____

Printed Name of Applicant

Signature of Applicant

Date