



Texas Department of Agriculture
Nursery Floral Event Permit Request

RNF-503

COMMISSIONER SID MILLER

SECTION A	¹ VERIFICATION INFORMATION	
	Full Legal Business Name	
	TDA Client No.	TDA License No.

SECTION B	¹ EVENT INFORMATION	
	Event Name	
	Starting Date / / month day year	No. of consecutive days permit needed
	Physical Address	
	City	County
	Event Name	
	Starting Date / / month day year	No. of consecutive days permit needed
	Physical Address	
	City	County
	Event Name	
	Starting Date / / month day year	No. of consecutive days permit needed
	Physical Address	
City	County	

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Legal Business Name _____

SECTION C	¹ SIGNATURE	
	<p>The applicant, by and through their personal or agent's signature below (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. If signed by an agent (including employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.</p>	
	Applicant Name	Title
Applicant Signature	Date / / month day year	