

JUN 19 2020

RECEIVED

JUN 22 2020

INDIANA STATE CHEMIST

INDIANA STATE CHEMIST & SEED COMMISSIONER

Purdue University, 175 S. University Street

West Lafayette, IN 47907-2063

Tel. 765-494-1556/Fax: 765-496-3967

Email: [seedlab@purdue.edu](mailto:seedlab@purdue.edu)

Application for  
INDIANA SEED PERMIT

On behalf of

Seed Distributor: Bomar Agra Estates, LLC

DBA(s):

Physical Address:

1514 South County Road 4 East

Monte Vista, CO 81144

Mailing Address:

Web Site Address: <https://www.bomaragra.com/>

I, the undersigned Bomar Agra Estates, LLC hereby apply to the Indiana State Seed Commissioner for a permit to report the quantity of agricultural and/or vegetable seeds sold in Indiana.

If this permit is granted, it is agreed that the above-named seed distributor shall:

1. Keep such records as the State Seed Commissioner may consider necessary to indicate accurately the quantity and kinds of agricultural and vegetable seeds sold in Indiana, these records shall include:
  - A. A file of all invoices showing purchases and sales of seeds and showing the number of packages of more than one pound and less than 25 pounds distributed in Indiana.
  - B. A sales ledger showing all seed sales made in Indiana to any person.
  - C. A cumulative summary of all seed sales made in Indiana.
2. Report under oath to the State Seed Commissioner, on forms furnished by the State Seed Commissioner, the quantity of agricultural and/or vegetable seeds sold, as provided in Section 15-4-1-13 of the Law.
3. Grant the State Seed Commissioner or his duly authorized representative permission to examine such records and verify the statement of quantity.

**Semi-Annual Distribution Reporting Contact Information**

Contact Name: F. Robb Caster

E-mail Address: sales@bomaragra.com

Phone Number: (855) 720-4367

Fax Number: \_\_\_\_\_

RECEIVED

JUN 1 2 2020

JUN 25 2020

INDIANA STATE CHEMIST

**Seed Inspection Reporting Contact Information**

Contact Name: F. Robb Caster


Phone Number: (855) 720-4367

E-mail Address: sales@bomaragra.com

Fax Number: \_\_\_\_\_

Signed this 15<sup>th</sup> day of JUNE, 20 20, at BOMAR AGRATES, LLC

Seed Distributor Name

Signature: 

Title: CFO

Approved Date: 7/8/20

By: 

Effective Date: 7/8/20

(Beginning on the effective date, all quantities must be reported and State Seed Commissioner labels are no longer valid)

00FV2P

PERMIT NO: \_\_\_\_\_

DO NOT WRITE IN THIS SPACE