

**CITRUS ADMINISTRATIVE COMMITTEE**

P.O. Box 941058, Maitland FL 32794

Phone (321) 214-5252 \* Fax (321) 214-0213

[www.citrusadministrativecommittee.org](http://www.citrusadministrativecommittee.org)**20 \_\_\_\_ -20 \_\_\_\_ Application for Registration as Fresh Citrus Handler**

I hereby apply for registration as a Florida Fresh Citrus Handler for the 20 \_\_\_\_ -20 \_\_\_\_ season.

1. Physical address of all location(s) of grading and packing facilities in the production area.

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2. Type of business (Individual, Firm, Partnership, Corporation, Co-operative, Association or other business unit).

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3. If other than individual, show below names and addresses of the officers, partners or other individuals having a financial interest in the business with the applicant.

NAME	Title	Address, City, State & Zip code

4. How many years have you been in the Florida citrus business? \_\_\_\_\_

Business Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

By: \_\_\_\_\_ Print Name: \_\_\_\_\_

Authorized Signature and Title

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