North Carolina Sanitizer License – New Application

Sleep Products Section
Structural Pest Control & Pesticides Division
North Carolina Department of Agriculture & Consumer Services
NC General Statues, 106-65.95 – 106-65.107 and 02 NCAC Chapter 61 Sanitation of Bedding

Applying for Year:			
Sanitizer Business Name:			Registration Number:
Mailing Address: (Box Number, Street Address, Rural Route, or Other)			
City, State, Zip: (City, Town or Post Office, State and Zip Code)			
Plant Location Address:			County
Contact Person:			
Telephone Number	Fax Number	E-mail Address	

To determine the fee for this calendar year, select the quarter the application is being submitted.

January through December	$720.00 _____
April through December	$540.00 _____
July through December	$360.00 _____
October through December	$180.00 _____

This is to certify that I have examined this application and have determined that the information contained therein is true and accurate:

Signed:_____**Title:**_____ **Date:**_____
Officer of the Company

Name Printed: _____ **Federal Tax ID Number/EIN:**_____

Law labels must be printed and a sample returned to this office within thirty days from day the license is issued. Failure to comply with this requirement may affect the status of your license.

Make checks payable to: NCDACS, Sleep Products Section

Mail check and application to:
Sleep Products Section NCDA&CS,
Structural Pest Control & Pesticides Division
1631 Mail Service Center
Raleigh, NC 27699-1631

For On-Site Deliveries:
Sleep Products Section, NCDA&CS
Structural Pest Control & Pesticides Division
4110 Reedy Creek Road
Raleigh, NC 27607

PLEASE BE ADVISED: A SERVICE CHARGE OF $25.00 WILL BE CHARGED ON ALL RETURNED CHECKS.

For more information, contact us at:
Phone: 919-733-3556
Fax 919-715-9023

NCDACS Office Use Only:			
CK#:	*Date:*	*Amount:*	*Deposit Date:*