



North Carolina Sanitizer License – New Application

Sleep Products Section

Structural Pest Control & Pesticides Division

North Carolina Department of Agriculture & Consumer Services

NC General Statutes, 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 the remainder of this calendar year, select the quarter the application is being submitted.

1 st Quarter	January through March	\$720.00 _____
2 nd Quarter	April through June	\$540.00 _____
3 rd Quarter	July through September	\$360.00 _____
4 th Quarter	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

<i>NCDACS Office Use Only:</i>			
CK#:	Date:	Amount:	Deposit Date: