



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
GRAIN REGULATORY SERVICES

**ORIGINAL APPLICATION FOR MISSOURI GRAIN WAREHOUSE
AND/OR MISSOURI GRAIN DEALER LICENSE**

P.O. BOX 630
JEFFERSON CITY, MO 65102
(573) 751-4112
FAX (573) 751-5516

This application is required for all original applicants for a Missouri grain warehouse and/or Missouri grain dealer license. This information is requested to allow the Grain Regulatory Services Program to effectively administer the Missouri Grain Warehouse Law (Chapter 411, RSMo), the Missouri Grain Dealer Law (276.401 - 276.582, RSMo), and related administrative rules. Please read the "General Information & Instructions" and the "Guidelines for Preparation of Financial Statements" before completing this form. Failure to submit financial statements required by these instructions will result in our rejection of your application. This form may be handwritten, must be legible and must be subscribed and sworn to under oath. If you are applying for licenses at more than one location, an original application form must be completed for each location. All items on the application must be completed or marked not applicable (N/A). All necessary forms and information are available on-line at: mda.mo.gov.

APPLICANT LEGAL NAME			DBA		
APPLICANT (HEADQUARTERS) INFORMATION			LOCATION INFORMATION (MULTIPLE LOCATIONS SEE INSTRUCTIONS)		
MAILING ADDRESS			MAILING ADDRESS		COUNTY
PHYSICAL ADDRESS			PHYSICAL ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
TELEPHONE	FAX NO.		TELEPHONE	FAX NO.	
CONTACT PERSON			INDIVIDUAL IN CHARGE AND TITLE		
E-MAIL ADDRESS			E-MAIL ADDRESS OF INDIVIDUAL IN CHARGE		
DO YOU WANT MAIL TO GO TO: <input type="checkbox"/> APPLICANT ADDRESS <input type="checkbox"/> LOCATION ADDRESS			24 HOUR CONTACT PHONE NUMBER		

TYPE OF BUSINESS (CHECK APPLICABLE BOXES AND LIST APPLICABLE NAMES)	
<input type="checkbox"/> INDIVIDUAL PROPRIETOR	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED - NAME OF SPOUSE:
<input type="checkbox"/> PARTNERSHIP	NAMES AND ADDRESSES OF PARTNERS:
<input type="checkbox"/> CORPORATION	NAMES AND ADDRESSES OF OFFICERS OR LLC MEMBERS:
<input type="checkbox"/> SUB S	PRESIDENT
<input type="checkbox"/> COOPERATIVE	VICE PRESIDENT
<input type="checkbox"/> LLC	SECRETARY
	TREASURER

TYPE OF LICENSE BEING APPLIED FOR (CHECK APPLICABLE BOXES)	
<input type="checkbox"/> MISSOURI GRAIN WAREHOUSE LICENSE	DO YOU WISH TO APPLY FOR A CLASS I GRAIN DEALER LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> MISSOURI GRAIN DEALER LICENSE	
<input type="checkbox"/> ALSO LICENSED AS A FEDERAL GRAIN WAREHOUSE:	ENTER LICENSE NUMBER _____
<input type="checkbox"/> GRAIN HANDLING FACILITY:	<input type="checkbox"/> NONE; <input type="checkbox"/> OWN; <input type="checkbox"/> RENT/LEASE - FROM _____

**ESTIMATE THE TOTAL DOLLAR AMOUNT OF GRAIN TO
BE PURCHASED IN MISSOURI DURING THE FIRST FISCAL YEAR: \$ _____**

CHECK WHICH SERVICES YOU WILL BE OFFERING:	OFFICE USE ONLY
<input type="checkbox"/> BUY WHOLE GRAIN FOR RESALE <input type="checkbox"/> TRANSPORT GRAIN FOR OTHER PARTIES <input type="checkbox"/> PURCHASE WHOLE GRAIN, PROCESS AND SELL AS FEED <input type="checkbox"/> PURCHASE WHOLE GRAIN, PROCESS AND SELL AS SEED <input type="checkbox"/> SELL GRAIN ONLY <input type="checkbox"/> OFFER ANY TYPE OF MINIMUM PRICE CONTRACT	<input type="checkbox"/> GRAIN BANK FEED GRAINS FOR PRODUCERS <input type="checkbox"/> STORE GRAIN ON AN OPEN STORAGE BASIS <input type="checkbox"/> OFFER DELAYED PRICING OR DEFERRED PAYMENT OPTIONS <input type="checkbox"/> ISSUE NEGOTIABLE WAREHOUSE RECEIPTS <input type="checkbox"/> OFFER A DIRECT FARM TO MARKET PROGRAM <input type="checkbox"/> OTHER (DESCRIBE) _____

BROKERS USED FOR HEDGING OR SPECULATIVE TRADING IN THE COMMODITIES MARKETS (ATTACH PAGE IF NECESSARY):				
NAME	ADDRESS	CITY	STATE	ZIP

FINANCIAL INSTITUTIONS USED (ATTACH PAGE IF NECESSARY):			
NAME	ADDRESS	TELEPHONE	CONTACT PERSON

DO YOU HAVE A RETAIL BUSINESS?
 YES NO IF YES, PLEASE SUPPLY YOUR MISSOURI SALES TAX ID NUMBER: _____

STATE YOUR FISCAL YEAR END: _____

CORPORATION, COOPERATIVE OR LLC:

1. STATE OF INCORPORATION: _____ DATE OF INCORPORATION: _____
 (A COPY OF YOUR CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS MUST BE SUBMITTED. IF INCORPORATED IN A STATE OTHER THAN MISSOURI, A COPY OF THE CERTIFICATE OF AUTHORITY OR RESIDENT AGENT DESIGNATION MUST BE SUBMITTED.)

2. IF YOU ARE A CLOSELY HELD CORPORATION (STOCK NOT PUBLICLY TRADED) LIST THE THREE LARGEST STOCKHOLDERS AND INDICATE WHAT PERCENT OF THE TOTAL STOCK THEY OWN:

1. _____ %
 2. _____ %
 3. _____ %

3. HAS ANY OFFICER, MAJORITY SHAREHOLDER OR BOARD MEMBER OF THE CORPORATION BEEN INVOLVED IN ACTIVITIES WHICH RESULTED IN ANY LOSSES TO GRAIN DEPOSITORS OR GRAIN SELLERS IN MISSOURI OR ANY OTHER STATE IN THE PAST TEN (10) YEARS?
 YES NO IF YES, PLEASE EXPLAIN: _____

4. IS THE CORPORATION A MAJORITY OR WHOLLY OWNED SUBSIDIARY? _____
 IF YES, STATE THE PARENT COMPANY'S NAME: _____
 ADDRESS: _____

5. IS THE CORPORATION PART OF A GROUP OR RELATED CORPORATIONS THAT DO BUSINESS WITH EACH OTHER, WHERE THE SAME INDIVIDUAL, PARTNERSHIP, OR CORPORATION OWNS A CONTROLLING INTEREST IN ALL THE ENTITIES: YES NO
 IF YES, STATE WHO HAS CONTROLLING INTEREST: _____
 ADDRESS: _____

NOTE SPECIAL INSTRUCTIONS FOR CORPORATIONS IN THE "GUIDELINES FOR PREPARATION OF FINANCIAL STATEMENTS".

PARTNERSHIPS ONLY:

1. DO YOU HAVE A WRITTEN PARTNERSHIP AGREEMENT? YES NO IF YES, PLEASE SUBMIT A COPY WITH THIS APPLICATION. IF NO, ONE MUST BE WRITTEN, SIGNED BY ALL PARTNERS AND A WITNESS, AND A COPY FORWARDED TO OUR OFFICE BEFORE A LICENSE WILL BE ISSUED.
2. ARE ALL FIXED ASSETS USED BY THE PARTNERSHIP TITLED IN THE NAME OF THE PARTNERSHIP? YES NO
IF NO, PLEASE EXPLAIN:
3. DOES THE PARTNERSHIP MAINTAIN A SEPARATE CHECKING ACCOUNT? YES NO
IF YES, WHO IS AUTHORIZED TO SIGN CHECKS FOR THE PARTNERSHIP? _____
IF NO, STATE THE NAME ON THE CHECKING ACCOUNT USED FOR GRAIN PAYMENT: _____
4. HAVE ANY OF THE PARTNERS OF THIS PARTNERSHIP BEEN INVOLVED IN ACTIVITIES WHICH RESULTED IN ANY LOSSES TO GRAIN DEPOSITORS OR GRAIN SELLERS IN MISSOURI OR ANY OTHER STATE IN THE PAST TEN (10) YEARS? YES NO IF YES, PLEASE EXPLAIN:

INDIVIDUAL PROPRIETORS ONLY:

1. ARE ALL FIXED ASSETS USED IN THE PROPRIETORSHIP BUSINESS TITLED IN THE PROPRIETOR'S NAME ONLY? YES NO
IF NO, PLEASE EXPLAIN:
2. ARE BUSINESS RECORDS KEPT? YES NO IF YES, DESCRIBE:
3. DO YOU HAVE A SEPARATE BUSINESS CHECKING ACCOUNT? YES NO
IF YES, WHO IS AUTHORIZED TO SIGN CHECKS ON THIS ACCOUNT? _____
IF NO, STATE THE NAME ON THE CHECKING ACCOUNT USED FOR GRAIN PAYMENT: _____
4. HAVE YOU OR YOUR SPOUSE (IF APPLICABLE) BEEN INVOLVED IN ACTIVITIES WHICH RESULTED IN ANY LOSSES TO GRAIN DEPOSITORS OR GRAIN SELLERS IN MISSOURI OR ANY OTHER STATE IN THE PAST TEN (10) YEARS? YES NO
IF YES, PLEASE EXPLAIN:

APPLICANT'S CERTIFICATION

THIS MUST BE SIGNED BY THE PROPRIETOR, ONE OF THE PARTNERS OF A PARTNERSHIP, OR BY AN OFFICER OF A CORPORATION APPLICANT

DATE	STATE OF	COUNTY OF
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TYPED OR PRINTED NAME	BEING FIRST DULY SWORN, DEPOSE AND SAY THAT I AM THE - TITLE:
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OF THE APPLICANT - BUSINESS NAME:

That I am authorized on the part of said applicant to verify and file with the Missouri Department of Agriculture all information contained herein; that I have full knowledge of the matters sent forth herein, and that all of the same are true in substance and fact. I also understand that all assets listed on the financial statement submitted with this application are hereby acknowledged and agreed to be grain-related assets subject to the insolvency procedures of Section 276.501 and Chapter 411, RSMo, and state that the financial statements submitted with this application are true and correct to the best of my knowledge and belief.

SIGNATURE

NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	