



STATE OF MISSOURI
 DEPARTMENT OF AGRICULTURE
 GRAIN REGULATORY SERVICES
**RENEWAL 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 form must be submitted to the department at least thirty days prior to the expiration date of your license(s) to avoid a late penalty. Please read the "Guidelines for Preparation of Financial Statements" sent with this form. The application cannot be processed or your current license(s) renewed until financial statements required by these instructions are received. This form may be hand written, must be legible and must be subscribed and sworn to under oath. All items must be completed or marked not applicable (N/A). This form and other necessary information are available on-line at: mda.mo.gov.

APPLICANT LEGAL NAME			DBA		
APPLICANT (HEADQUARTERS) INFORMATION			Location information, if different than applicant. (If you have multiple locations, see "Licensed Locations" information sheet)		
ADDRESS		COUNTY	ADDRESS		COUNTY
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 TELEPHONE NUMBER		

TYPE OF BUSINESS
 (Check applicable boxes & 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	PARTNERS NAMES AND ADDRESSES: _____ _____ _____
<input type="checkbox"/> CORPORATION <input type="checkbox"/> SUB S <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> LLC	NAMES OF CORPORATE OFFICERS OR LLC MEMBERS: PRESIDENT _____ VICE PRESIDENT _____ SECRETARY _____ TREASURER _____

TYPE OF LICENSE TO BE RENEWED
 (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 FEDERAL WAREHOUSE LICENSE NUMBER _____	
<input type="checkbox"/> GRAIN HANDLING FACILITY: <input type="checkbox"/> NONE; <input type="checkbox"/> OWN; <input type="checkbox"/> RENT/LEASE - FROM _____	

**TOTAL DOLLAR AMOUNT OF GRAIN PURCHASED
 IN MISSOURI DURING THE LAST FISCAL YEAR: \$** _____

BROKERS USED FOR HEDGING OR SPECULATIVE TRADING IN THE COMMODITIES MARKETS:

NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE

CHECK WHICH SERVICES YOU WILL BE OFFERING:	OFFICE USE
<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) _____

INDICATE CHANGES IN YOUR BUSINESS OPERATION SINCE YOUR LAST APPLICATION FOR LICENSE RENEWAL:	YES	NO	OFFICE USE
All Applicants:			
1. Did you change accountants? (If yes, state reason below.)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Did you change financial institutions? (Indicate institution and contact person below)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Did you change your fiscal year end? (If yes, date of new fiscal year end _____)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is there any pending litigation against you?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you have a retail business (If yes, Missouri Sales Tax ID # _____)	<input type="checkbox"/>	<input type="checkbox"/>	
Corporations:			
6. Is the corporation in good standing with the Missouri Secretary of State's Office?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Was there a change in the three largest shareholders?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Did this corporation become a subsidiary or parent corporation?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Did this corporation become a part of a group of related businesses or corporations?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Did you amend your certificate of incorporation? (If yes, send copy.)	<input type="checkbox"/>	<input type="checkbox"/>	
Proprietors:			
11. Did your marital status change?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Did the persons authorized to sign checks for the proprietorship change?	<input type="checkbox"/>	<input type="checkbox"/>	
Partnerships:			
13. Was there a change of individual partners?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Did the partnership agreement change? (If yes, send copy)	<input type="checkbox"/>	<input type="checkbox"/>	
15. Did the persons authorized to sign checks for the partnership change?	<input type="checkbox"/>	<input type="checkbox"/>	

Explain a "No" answer on item 6 and any changes or pending litigation noted above (attach additional sheets if more space is needed):

If the changes noted above require an original application form or new financial statements, you will be notified.

GRAIN WAREHOUSE INSURANCE - If licensed as a warehouse, provide the following information for your stock coverage			
INSURANCE COMPANY		AGENCY/AGENT INFORMATION	
INSURANCE COMPANY		AGENCY	
POLICY NUMBER	EFFECTIVE DATE	AGENT'S NAME	
AMOUNT OF STOCK COVERAGE	DEDUCTIBLE AMOUNT	ADDRESS (CITY, STATE, ZIP CODE)	
WAIVER ISSUED FOR DEDUCTIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		TELEPHONE NUMBER	

APPLICANT'S CERTIFICATION		
THIS MUST BE SIGNED BY THE PROPRIETOR, ONE OF THE PARTNERS OF A PARTNERSHIP, OR BY AN OFFICER OF A CORPORATE APPLICANT.		
DATE	STATE OF	COUNTY OF
TYPED NAME		BEING FIRST DULY SWORN, DEPOSE AND SAY THAT I AM THE (TITLE)
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 statements 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)		