



KENTUCKY
DEPARTMENT OF
AGRICULTURE

Division of Regulation and Inspection

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APPLICATION FOR GRAIN DEALER/WAREHOUSE LICENSE

Grain Program KRS 251.340 – KRS 251.990

License period July 1 to June 30

Business Status:

Indicate (x)

First Time License (Business has NOT previously licensed)

License Renewal (Business HAS previously licensed; indicate below):

Business Name: _____ License #: _____

Business Information: (Physical Address (911 address, street, or highway))

Business Name:

Address:

City: _____ State: _____ Zip: _____

County: _____

E-mail: _____

Business Phone: (_____) _____

Fax: (_____) _____

Owner/Operator: _____

Phone: (____) _____

Mailing Address: (Address specific for business physical location)

Indicate (x) if the mailing address is same as the physical address. If different, complete the following:

Attention Line:

Mailing Address:

City: _____ State: _____ Zip: _____

Billing/License Renewal Address:

(Complete the following if your billing address is different than the business location and/or mailing address)

Billing Name:

Address:

City: _____ State: _____ Zip: _____

Business Phone: (_____) _____ Fax: (_____) _____

Contact: _____

E-mail: _____

GRAIN LICENSE QUESTIONNAIRE:

Applicant is: () ASSOCIATE () CORPORATION () INDIVIDUAL () PARTNERSHIP

First year applicants: You must provide an estimated dollar amount for the amount of grain purchased and an estimated amount for the number of bushels purchased.

Renewal applicants: You must provide the dollar amount and bushels purchased for the 12 months ending as of the last fiscal year closing.

Your **dollar** amount of grain purchased from producers: \$ _____

Total number of **bushels** purchased last fiscal year: _____

Do you store grain for others? () YES () NO

Do you buy grain from producers? () YES () NO

Type of business: () COUNTRY ELEVATOR () FARMER DEALER

() FEED MILL () GRAIN PROCESSOR

() SEED DEALER () SUB TERMINAL

() TERMINAL () TRUCKER DEALER () OTHER _____

Total bin capacity (bushels): _____

Is grain purchased only in connection with or incidental to some other business? () YES () NO

Do you have a moisture meter? () YES () NO

Do you offer delayed pricing? () YES () NO

Fiscal year closing date: _____
(Month) (Year)

Are you a federally licensed facility? () YES () NO

Do you have a Uniform Grain & Rice Storage Agreement (UGRSA)? () YES () NO

You must list names, titles, and addresses of all officers of the business:

President: _____

Secretary: _____

Treasurer: _____

Registered Agent: _____

Manager: _____

Be Aware: LICENSING FEE is based on bushels purchased in the previous year. See the Fee Schedule for details.

All facilities shall carry a Letter of Credit, Certificate of Deposit, or a Bond. Make checks payable to the KENTUCKY STATE TREASURER. Return your application, financial statement (above 50,000 bushel purchases annually must submit a reviewed external financial statement), fee and the stock page of insurance if licensing as a Warehouse Operator to the above address. If you are a new licensee, please call the office for assistance. This application **MUST BE SIGNED** by the owner, if an individual; by one of the partners, if a partnership; or by an officer of the corporation, if incorporated, where designated by the "X".

Application Date: _____ **Signature: X** _____