



**KENTUCKY DEPARTMENT OF AGRICULTURE**  
**Division of Regulation and Inspection**  
**107 Corporate Drive · Frankfort, KY 40601**

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**APPLICATION FOR GRAIN DEALER/WAREHOUSE LICENSE**

Grain Program KRS 251.410 – KRS 251.990

July 1 to June 30

**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

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 need to carry a Letter of Credit, Certificate of Deposit, or a Bond. Make checks payable to the KENTUCKY STATE TREASURER. Return your application, financial statement, and fee 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:** \_\_\_\_\_