



**KENTUCKY DEPARTMENT OF AGRICULTURE
Division of Regulation and Inspection
111 Corporate Dr.
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**

Application Date _____ *Signature* _____

- FIRST TIME LICENSED BUSINESS** (Never been licensed)
- LICENSE RENEWAL.** If previously licensed, indicate license number and name:

Business Information:

Physical Address (911 address, street, or highway)

Business Name: _____

Address: _____

City: _____ *State* _____ *Zip* _____

County: _____ *E-mail:* _____

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

Owner/Operator: _____ *Contact:* _____

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:* _____

LICENSING FEE is based on bushels purchased in the previous year. See Fee Schedule for details. Make checks payable to the KENTUCKY STATE TREASURER. Please return your application, financial statement, and fee to the above address. All facilities need to carry a Letter of Credit, Certificate of Deposit, or a bond. If you are a new licensee, please call the office for assistance.

GRAIN LICENSE QUESTIONNAIRE, Page 2.

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

Dollar amount of grain purchased from producers: \$ _____

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

First year applicants must give an estimated dollar amount for the amount of grain purchased and an estimated amount for the number of bushels purchased. Renewal applicants must give the amount for the 12 months ending as of the last fiscal year closing.

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

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".

X _____
Signature Date

Manager's Signature Date

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

President: _____

Secretary: _____

Treasurer: _____

Registered Agent: _____

Manager: _____

Please return your financial statement, application, and fee to the above address with a check made payable to the KENTUCKY STATE TREASURER.