



## Kentucky Department of Agriculture

**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** \_\_\_\_\_

