



In accordance with 1964 Public Act 158, as amended.

Wholesale Potato Dealer License Application

License Year Ending: May 31 Status: New Renewal No Longer Needed

If Renewal, License No. of Establishment: _____

Business Information

Business Name: _____

Business Address: _____

City: _____ State: _____

County: _____ Zip: _____

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

Business Email: _____

Mailing address if different from above: Street or P.O. Box: _____

City: _____ State: _____ County: _____ Zip: _____

Blank Space
For Official Use Only

Corporate/Owner Information

Ownership Type: Corporation Sole Ownership Partnership L.L.C. Other: Specify _____

Corporation Name: _____

Owner/President (CEO) Name: _____

Street Address of Corporation or Owner: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Emergency Contact: (____) _____ Cell Phone: (____) _____

Federal/Tax ID #

License Fees (Non-refundable)

AOBJ: 0232

Wholesale Dealer License \$100 _____

Identification cards @ \$5.00 each = _____

Certified license copies @ \$5.00 each = _____

Total _____

Payment Method: Check/Money Order no. _____ Amount enclosed: _____

Please make check/money order payable to the State of Michigan and submit to the address at the top of the page.

Signature: _____ Date: _____

Please print your name here: _____

Title: _____

Application continues
on the back of this form

Local Agents or Buyers (Attach more pages if needed.)

An identification card is required for each person authorized as an agent or buyer under this license.

Agent or Buyer Name: _____

Street Address: _____

City: _____ Michigan County: _____ Zip: _____

Agent or Buyer Name: _____

Street Address: _____

City: _____ Michigan County: _____ Zip: _____

Agent or Buyer Name: _____

Street Address: _____

City: _____ Michigan County: _____ Zip: _____

Financial Security (Bond or irrevocable Letter of Credit)

A. If applicant is a **new business** that has not operated in Michigan, what is the estimated amount of business to be done annually?

Cwt. Amount: _____ Dollar Amount: \$ _____

B. If applicant is a **grower cooperative** as defined in Sections 1(h) and 8(2) of P.A. 158 of 1964 as amended, insert here the amount paid for potatoes purchased from or handled for NONMEMBERS during the month in which the maximum volume of Michigan grown potatoes was bought or handled during the past calendar year.

Cwt. Amount: _____ Dollar Amount: \$ _____

C. All other applicants: Insert here the amount paid for Michigan grown potatoes purchased from or handled for growers during the month in which the maximum volume of Michigan grown potatoes was bought or handled during the past calendar year.

Cwt. Amount: _____ Dollar Amount: \$ _____

Bond or irrevocable letter of credit must be double the dollar amount listed in (A) (B) or (C) above but not less than \$10,000 or more than \$100,000

IF BONDED: (Check One)

Bond is **currently on file** with the Michigan Department of Agriculture

Bond Number: _____ Bond Amount \$ _____

Bond is **enclosed** with this application.

Surety Company/Agent Name: _____

Street Address: _____

City: _____ Michigan County: _____ Zip: _____

IF IRREVOCABLE LETTER OF CREDIT: (Check One)

Letter of Credit is **currently on file with the Michigan Department of Agriculture**

Letter of Credit Number: _____ Letter of Credit Amount \$ _____

Letter of Credit is **enclosed** with this application.

Letter of Credit Number: _____ Letter of Credit Amount \$ _____

Issuing Bank Name: _____

Street Address: _____

City: _____ Michigan County: _____ Zip: _____