Michigan Department of Agriculture and Rural Development

P.O. BOX 30776 LANSING MI 48909-8276 Phone: 1.800.292.3939 Email: mdard-clu@mdard.michigan.gov GRAIN DEALER FACILITY LICENSE APPLICATION In Accordance with Act 141, Public Act of 1939, as amended. Renewal New Application No Longer Needed						
STEP 1: ORGANIZATION INFORMATION						
*Ownership Type: Corporation Limited Liability Co. Partnership						
☐ Sole Proprietor ☐ Joint Tenant ☐ Individual						
*Ownership Name:						
**Federal Identification #:						
Email Address:					Office Use Only	
*Mailing Address:					1233	
*City:		*State	:			
*Zip:			*Country:			
*Fiscal Year-End Month:			*Fiscal Year-End Day:			
STEP 2: BUSINESS INFORMATION – Enter location information of the licensed facility						
*Business Name:						
*Address:						
*City:	*State:	*7	*Zip:		Country:	
STEP 3: CONTACT INFORMATION – If Organization and Business location are outside of Michigan a Michigan Resident agent is required						
*Primary Contact Name:			*Phone:			
Email: Ad			ldress:			
City:	State:	Zip:	Zip:		Country:	
Additional Contact Name:		'		Phone:	•	
Email: A			ldress:			
City:	State:	Zip:	Zip:		Country:	
STEP 4: GRAIN DEALER FACILITY FEE (Non-Refundable) - Make check/money orders payable to the State of Michigan						
Total Bushel Capacity 0 to 100,000 - \$615.00						
Total Bushel Capacity 100,001 to 200,000 - \$760.00					ow (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Total Bushel Capacity 200,001 to 300,000 - \$915.00 ASC Hot K Total Bushel Capacity 300,001 to 400,000 - \$1,070.00					ey (mdard use only): 1233	
Total Bushel Capacity 400,001 and over - \$1,215.00						

^{*} All field(s) with an asterisk (*) are required to be filled in.

^{**} Federal Identification # not required for Individual Ownership Types

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STEP 5: OWNERSHIP - List is the name(s) of owner(s) with at least 5% shares						
Name:		Name:				
Name:		Name:				
Name:		Name:				
STEP 5: LICENSE DETAILS – Information below is based on current fiscal year						
*Bushels Handled by MI Producers:		*Permanent Bushel Capacity:				
Temporary Facility Bushel Capacity:		*Total Bushel Capacity:				
Temporary Address:						
Temp City:	Temp. State:	Temp. Zip:	Temp. County:			
STEP 6: GRAIN TRANSACTION METHODS (*Check all that Apply – At least 1 box is required to be checked)						
☐ Cash		Forward or Basis Contracting				
☐ Issuing Grain Bank Warehouse Receipts		☐ Issuing Price Later Agreements				
Selling Grain of my Own	Production	Open Storage				
☐ Issuing Negotiable or Non-Negotiable Warehouse Receipts ☐ Other:						
STEP 7: ATTACHEMENTS – Copies of certified/audited year-end financial statement and insurance policy are required						
*Certified/Audited Year-End Financial Statement						
Bond Documentation - If needed						
I hereby agree to comply with the provisions of Act No. 141 of Public Acts of 1939, as amended, and the rules issued in accordance therewith, and further that the foregoing information is true and correct. I acknowledge that none of the event referred to in section 10 if the Grain Dealers Act have occurred with the past 5 years. Signature of Official in Charge Date						
Printed Name of Offic	ial in Charge		Title			

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