



MICHIGAN DEPARTMENT OF AGRICULTURE & RURAL DEVELOPMENT
PRODUCER SECURITY SERVICES, PO BOX 30776, LANSING MI 48909-8276
P: 517-284-5771 E: MDARD-GrainDealers@michigan.gov
F: 517-241-4640 W: www.michigan.gov/mda-licensing

<u>DEPARTMENT USE ONLY</u>	
LICENSE #:	_____
DATE MAILED:	____/____/____

GRAIN DEALER MERCHANDISER/TRUCKER LICENSE APPLICATION

(In accordance with Act No. 141, Public Acts of 1939, as amended)

License expiration date: / / <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> No longer needed				FEDERAL/TAX ID NUMBER	
1 NAME UNDER WHICH BUSINESS WILL OPERATE					
2 STORAGE FACILITY STREET ADDRESS					
3 CITY				STATE	ZIP CODE
4 COUNTY		5 TELEPHONE & FAX NUMBERS			
		PHONE		FAX	
6 MAILING ADDRESS (if different from business location)					
STREET ADDRESS			CITY	STATE	ZIP CODE
7 TYPE OF OWNERSHIP (Complete one)					
Individual Proprietorship			Cooperative Organization Or Association		
OWNER'S NAME			BOARD OF DIRECTORS PRESIDENT'S NAME		
HOME ADDRESS			STREET ADDRESS		
CITY		STATE	ZIP CODE	CITY	STATE ZIP CODE
PHONE	EMAIL		PHONE	EMAIL	
Partnership			Corporation		
PARTNER'S NAME			NAME OF CORPORATION	MICHIGAN RESIDENT AGENT'S NAME	
STREET ADDRESS			STREET ADDRESS		
CITY		STATE	ZIP CODE	CITY	STATE ZIP CODE
PHONE	EMAIL		PHONE	EMAIL	
PARTNER'S NAME			PRESIDENT'S NAME		
STREET ADDRESS			STREET ADDRESS		
CITY		STATE	ZIP CODE	CITY	STATE ZIP CODE
PHONE	EMAIL		PHONE	EMAIL	
8 OUT-OF-STATE ENTITIES					
MICHIGAN RESIDENT AGENT'S NAME		STREET ADDRESS		CITY	STATE ZIP CODE
9 BUSHEL CAPACITY			10 LICENSE FEE All classifications – AOBJ 0233		
GRAIN MERCHANDISER: \$1,055			MAKE CHECK PAYABLE TO: STATE OF MICHIGAN		
TRUCKER: \$530 FIRST TRUCK					
\$210 EACH ADDITIONAL TRUCK					
TRUCK INFORMATION (if applicable)					
Year	Make	Serial/VIN Number		License Plate Number	

11 GRAIN TRANSACTIONS (CHECK ALL APPLICABLE. SUBMIT ONE SAMPLE OF EACH FORM.)

ISSUING PRICE LATER AGREEMENTS OPEN STORAGE ISSUING NEGOTIABLE OR NON-NEGOTIABLE WAREHOUSE RECEIPTS CASH	ISSUING GRAIN BANK WAREHOUSE RECEIPTS SELLING GRAIN OF MY OWN PRODUCTION FORWARD OR BASIS CONTRACTING OTHER _____
---	--

12 BUSHELS OF FARM PRODUCE HANDLED

TOTAL BUSHELS OF FARM PRODUCE HANDLED FROM PRODUCER(S) DURING GRAIN DEALER'S MOST RECENTLY COMPLETED FISCAL YEAR:

13 BOND INFORMATION: Before completing this section, see bonding provisions on enclosure.

BOND NUMBER			BOND AMOUNT \$100,000		
BONDING COMPANY NAME			BOND COMPANY AGENT NAME		PHONE
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

14 INSURANCE INFORMATION

INSURANCE COMPANY NAME			INSURANCE COMPANY AGENT NAME		PHONE
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
INSURANCE POLICY NUMBER	TYPE OF POLICY <input type="checkbox"/> AUTOMATIC STOCKS <input type="checkbox"/> OTHER _____		LIMITS OF INSURANCE ON FARM PRODUCE STOCKS \$ _____ FIRE, INHERENT EXPLOSION, TORNADO _____		

15 OWNERSHIP

NAME AND OWNERSHIP INTEREST OF EACH OWNER, STOCKHOLDER, MEMBER, OR PARTNER OF THE GRAIN DEALER WHO OWNS AT LEAST 5 PERCENT OF THE SHARES. (ATTACH ADDITIONAL SHEET IF NECESSARY.)

1. _____ %	4. _____ %
2. _____ %	5. _____ %
3. _____ %	6. _____ %

16 OFFICIAL IN CHARGE

I HEREBY AGREE TO COMPLY WITH THE PROVISIONS OF ACT NO. 141 OF THE 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 EVENTS REFERRED TO IN SECTION 10 OF THE GRAIN DEALERS ACT HAVE OCCURRED WITHIN THE PAST 5 YEARS.

SIGNATURE OF OFFICIAL IN CHARGE _____	TITLE _____	DATE _____
PRINTED NAME OF OFFICIAL IN CHARGE _____	PHONE _____	EMAIL _____

17 NOTARY

BEFORE ME THIS DATE THE ABOVE-SIGNED INDIVIDUAL PERSONALLY APPEARED AND STATES THAT HE/SHE UNDERSTANDS THE PROVISIONS OF ACT NO. 141 OF THE PUBLIC ACTS OF 1939, AS AMENDED, STATE OF MICHIGAN.

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC SIGNATURE _____ MY COMMISSION EXPIRES _____

Payment enclosed for _____ Grain Merchandiser license(s) @ \$1,055 per license =	\$ _____
Payment enclosed for first Trucker license @ \$530 =	\$ _____
Payment enclosed for _____ additional Trucker licenses @ \$210 per license =	\$ _____
Total payment enclosed =	\$ _____

NOTE: A financial statement must accompany this application. The financial statement must be at least a review in nature and prepared by a Certified Public Accountant (CPA), who must abide by generally accepted accounting principles. The financial statement shall consist of no less than a balance sheet, income statement, and notes and disclosures to adequately interpret the financial information submitted.