

# 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:

\*Mailing Address:

Office Use Only  
1233

*City:	*State:
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*Zip:	*Country:
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*Fiscal Year-End Month:	*Fiscal Year-End Day:
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## STEP 2: BUSINESS INFORMATION – Enter location information of the licensed facility

\*Business Name:

\*Address:

*City:	*State:	*Zip:	*Country:
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## STEP 3: CONTACT INFORMATION – If Organization and Business location are outside of Michigan a Michigan Resident agent is required

*Primary Contact Name:	*Phone:
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Email:	Address:
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City:	State:	Zip:	Country:
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Additional Contact Name:	Phone:
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Email:	Address:
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City:	State:	Zip:	Country:
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## 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 - \$555.00	<b>ASC Hot Key (mdard use only): 1233</b>
Total Bushel Capacity 100,001 to 200,000 - \$690.00	
Total Bushel Capacity 200,001 to 300,000 - \$830.00	
Total Bushel Capacity 300,001 to 400,000 - \$970.00	
Total Bushel Capacity 400,001 and over - \$1100.00	

\* All field(s) with an asterisk (\*) are required to be filled in.  
 \*\* Federal Identification # not required for Individual Ownership Types

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<b>STEP 5: OWNERSHIP</b> - <i>List is the name(s) of owner(s) with at least 5% shares</i>			
Name:		Name:	
Name:		Name:	
Name:		Name:	
<b>STEP 5: LICENSE DETAILS</b> – <i>Information below is based on current fiscal year</i>			
*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:
<b>STEP 6: GRAIN TRANSACTION METHODS</b> (*Check all that Apply – <i>At least 1 box is required to be checked</i> )			
<input type="checkbox"/> Cash		<input type="checkbox"/> Forward or Basis Contracting	
<input type="checkbox"/> Issuing Grain Bank Warehouse Receipts		<input type="checkbox"/> Issuing Price Later Agreements	
<input type="checkbox"/> Selling Grain of my Own Production		<input type="checkbox"/> Open Storage	
<input type="checkbox"/> Issuing Negotiable or Non-Negotiable Warehouse Receipts		<input type="checkbox"/> Other: _____	
<b>STEP 7: ATTACHEMENTS</b> – <i>Copies of certified/audited year-end financial statement and insurance policy are required</i>			
<input type="checkbox"/> *Certified/Audited Year-End Financial Statement		<input type="checkbox"/> *Insurance Policy Documentation	
<input type="checkbox"/> Bond Documentation - <i>If needed</i>			
<p>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.</p>			
_____ Signature of Official in Charge		_____ Date	
_____ Printed Name of Official in Charge		_____ Title	

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

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