



# Michigan Department of Agriculture & Rural Development

P.O. Box 30776, Lansing, MI 48909-8246 • 517-284-5771

FAX: 517-284-0458

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: 1234

<input type="checkbox"/> Wholesale Dealer License	<b>\$100</b>	_____
<input type="checkbox"/> Identification cards @	<b>\$5.00 each =</b>	_____
<input type="checkbox"/> Certified license copies @	<b>\$5.00 each =</b>	_____
	<b>Total</b>	_____

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 & Rural Development

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 & Rural Development

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: \_\_\_\_\_