



In accordance with 1939 Public Act 141, as amended.

License No.: \_\_\_\_\_

Date Mailed: \_\_\_/\_\_\_/\_\_\_

### Grain Dealer Facility License Application

Expiration Date: \_\_\_/\_\_\_/\_\_\_ Status:  New  Renewal  No Longer Needed

#### Facility Information

Facility Name: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ 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 #

Name of Michigan Resident Agent (if applicable): \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ MI Zip: \_\_\_\_\_

#### License Fees (Total Bushel Capacity)

All classifications are under AOBJ: 0233

100,000 BU (or less) **\$158**

100,001 - 200,000 BU **\$236**

200,001 - 300,000 BU **\$315**

300,001 - 400,000 BU **\$394**

400,001 BU (or more) **\$473**

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.**

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: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name here: \_\_\_\_\_

Title: \_\_\_\_\_

Application continues  
on the back of this form

**Temporary Facility (if applicable)**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Temporary Facility Bushel Capacity \_\_\_\_\_

**Bushel Capacity**

Permanent Facility Bushel Capacity \_\_\_\_\_

Total Facility Bushel Capacity (Add capacities of temporary and permanent facilities) \_\_\_\_\_

Temporary Facility Bushel Capacity \_\_\_\_\_

**Bushels of Farm Produce Handled**

Total bushels of farm produce handled from producer(s) during the grain dealer's most recent completed fiscal year:  
\_\_\_\_\_ bushels.

**Grain Transactions (Check those applicable) (Submit one sample of each form)**

- |  |   |
|--|---|
| <input type="checkbox"/> Issuing Price Later Agreements                          | <input type="checkbox"/> Open Storage                       |
| <input type="checkbox"/> Issuing Negotiable or Non-Negotiable Warehouse Receipts | <input type="checkbox"/> Cash                               |
| <input type="checkbox"/> Issuing Grain Bank Warehouse Receipts                   | <input type="checkbox"/> Selling Grain of My Own Production |
| <input type="checkbox"/> Forward or Basis Contracting                            | <input type="checkbox"/> Other (Specify) _____              |

**Bonding Information (Please provide a copy of the current bond or bonds)**

Type of Bond:  Warehouse Receipt Bond      Bond Number: \_\_\_\_\_      Amount: \$ \_\_\_\_\_

Deficiency Bond      Bond Number: \_\_\_\_\_      Amount: \$ \_\_\_\_\_

Capacity used for storage of warehouse receipted grain, grain bank, and open storage \_\_\_\_\_

Name of Bonding Company: \_\_\_\_\_

Name of Bonding Company Agent: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Insurance Information (Please provide a copy of the current insurance)**

Name of Insurance Company: \_\_\_\_\_

Name of Insurance Agent: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Limits of Insurance on Farm Produce Stocks: \$ \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

**Ownership**

Name: \_\_\_\_\_ %      Name: \_\_\_\_\_ %

Name: \_\_\_\_\_ %      Name: \_\_\_\_\_ %

Name: \_\_\_\_\_ %      Name: \_\_\_\_\_ %

Attach additional sheet if necessary.