



In accordance with 1939 Public Act 141, as amended.

License No.: _____
 Date Mailed: ___/___/___

Grain Dealer Merchandiser/Trucker License Application

Expiration Date: ___/___/___ Status: New Renewal No Longer Needed

Business Information

Business Name: _____
 Doing Business As (DBA): _____
 Business 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

Federal/Tax ID # _____

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: (____) _____
 Name of Michigan Resident Agent (if applicable): _____
 Address _____ City: _____, MI Zip: _____

License Fees

All classifications are under AOBJ: 0233

Grain Merchandiser \$450
 Grain Trucker (First Truck) \$200 (Number of Additional Trucks) _____ @ \$100 each: \$ _____

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

Truck Information (if applicable)

Year	Make	Serial/VIN Number	License Plate Number

A temporary receipt MUST be given to a producer at the time farm produce is picked up from the producer's premises. ATTACH one copy of the Temporary Receipt form you propose to use (and retain one copy for your file); also attach any other of your receipt forms.

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"/> Cash
<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.