

State of Illinois  
**DEPARTMENT OF AGRICULTURE**  
 Division of Agriculture Industry Regulation  
 Bureau of Warehouses  
 P.O. Box 19281, Springfield, Illinois 62794-9281  
 Telephone (217) 782-2895

**SPECIALTY FARM PRODUCT APPLICATION FOR REGISTRATION**

The undersigned Hereby Makes Application To The Illinois Department Of Agriculture Under the Provisions Of The Specialty Farm Product Buyers Act, Approved January 1, 1992 For Registration To Engage In Business As A Specialty Farm Product Buyer.

Name of Company/Individual		FEIN (Federal ID #):
Street or Route		P.O. Box
City	State	Zip Code
Telephone Number	County	

**List below Locations at which you purchase Specialty Farm Products**

Street or Route	City	State	Zip Code	County	Telephone

**List the types of specialty farm products which you propose to buy from producers:**


**FEES:** Annual registration fee to operate as a Specialty Farm Product Buyer is \$100. Please make all checks payable to **"Illinois Department of Agriculture"**.

(Continue)

**Page Two**

Entry required for each person interested as Owner if applicant is an individual or Partnership or if Applicant is an Association or Corporation an entry is required for the following Officers: President, Secretary, Treasurer, and Registered Agent. An entry for the Registrant is also required.

Name	Position	
Street or Route	P.O. Box	
City	State	Zip Code
Name	Position	
Street or Route	P.O. Box	
City	State	Zip Code
Name	Position	
Street or Route	P.O. Box	
City	State	Zip Code
Name	Position	
Street or Route	P.O. Box	
City	State	Zip Code

**List below the names and addresses of your agents**

NAME	ADDRESS	TELEPHONE

\_\_\_\_\_  
SIGNATURE AUTHORIZED REPRESENTATIVE AND TITLE

\_\_\_\_\_  
DATE

**THE FOLLOWING DOES NOT APPLY TO BUSINESSES WITH FEDERAL EMPLOYER IDENTIFICATION NUMBERS.**

Pursuant to 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security Number, and the applicant shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the applicant to contempt of court.

Are you more than 30 days delinquent in complying with a child support order?  Yes  No  
(NOTE: If you are not subject to a child support order, answer "no.")

Applicant's Social Security Number is \_\_\_\_\_.

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date