

GRAIN LICENSE APPLICATION

NEW **RENEWAL**

Grain Warehouse **Class I** **Class II**

The Undersigned hereby makes application to the Illinois Department of Agriculture under the provisions of the "Grain Code", Illinois Compiled Statutes, Ch. 240, par. 40/1-1 et seq., for a license to conduct either a Class I public grain warehouse with the authority to issue both negotiable and non-negotiable warehouse receipts; or a Class II public grain warehouse with the authority to issue only non-negotiable warehouse receipts.

Grain Dealer **Regular** **Incidental** (Under \$100,000 and used in feed business)

The Undersigned hereby makes application to the Illinois Department of Agriculture under the provisions of the "Grain Code", Illinois Compiled Statutes, Ch. 240, par. 40/1-1 et seq., for a license to engage in the business of buying grain from producers.

Yes No We do regularly and continuously report our positions to the Commodity Futures Trading Commission.

Principal Place of Business (the principal mailing address where application is to be sent):

Legal Name of Company		DBA (Additional name legally authorized to do business as)	
Additional Address (Building name, suite number, mail stop, etc.)		FEIN (Federal ID #):	
E 911 Address (physical street location – required item)		Receive Grain for: <input type="checkbox"/> Purchase <input type="checkbox"/> Storage	
U. S. Postal Address (P. O. Box, etc.)			
City	State	County	Zip Code
Contact Person		Fax Number	
Contact's Telephone Number		Company's Telephone Number	
Contact's E-mail Address		Company's Internet Site	

Illinois Headquarters Location (if the same as the principal place of business just enter "SAME"):

Additional Address (Building name, suite number, mail stop, etc.)			
E 911 Address (physical street location – required item)		Receive Grain for: <input type="checkbox"/> Purchase <input type="checkbox"/> Storage	
U. S. Postal Address (P. O. Box, etc.)			
City	State	County	Zip Code
Location Manager: (or contact person for this location)		Location Telephone Number	
Contact's E-mail Address		Location Fax Number	

SECTION A: Additional Locations where grain is or will be stored for others or purchased from producers.

If adding a new location, was this location licensed before No Yes. If yes, give name of company previously licensing this facility _____

List each additional Illinois locations to be licensed (if additional space is needed please attach a separate sheet):

Additional Location 1: E 911 Address (physical street location is required)			
U. S. Postal Address (P. O. Box, etc.)			Receive Grain for: <input type="checkbox"/> Purchase <input type="checkbox"/> Storage
City	State	Zip Code	County
Location Manager: (or contact person for this location)		Location Telephone Number	Location Fax Number

Additional Location 2: E 911 Address (physical street location is required)			
U. S. Postal Address (P. O. Box, etc.)			Receive Grain for: <input type="checkbox"/> Purchase <input type="checkbox"/> Storage
City	State	Zip Code	County
Location Manager: (or contact person for this location)		Location Telephone Number	Location Fax Number

Additional Location 3: E 911 Address (physical street location is required)			
U. S. Postal Address (P. O. Box, etc.)			Receive Grain for: <input type="checkbox"/> Purchase <input type="checkbox"/> Storage
City	State	Zip Code	County
Location Manager: (or contact person for this location)		Location Telephone Number	Location Fax Number

Additional Location 4: E 911 Address (physical street location is required)			
U. S. Postal Address (P. O. Box, etc.)			Receive Grain for: <input type="checkbox"/> Purchase <input type="checkbox"/> Storage
City	State	Zip Code	County
Location Manager: (or contact person for this location)		Location Telephone Number	Location Fax Number

SECTION B: Trucks used in purchasing grain from producers.

List each truck requiring a certification (if additional space is needed please attach a separate sheet)

Year	Make	V.I.N. (Serial Number)

SECTION C: Officers and General Manager (if additional space is needed please attach a separate sheet)

Name:	President / Owner / Principal Partner (Circle One)	Telephone # and Extension	
E 911 Address (physical street location):	U. S. Postal Address (P. O. Box, etc.):		
City:	State:	County:	Zip Code:
Name:	General Manager	Telephone # and Extension	
E 911 Address (physical street location):	U. S. Postal Address (P. O. Box, etc.):		
City:	State:	County:	Zip Code:
Name:	Vice President / Active Partner (Circle One)	Telephone # and Extension	
E 911 Address (physical street location):	U. S. Postal Address (P. O. Box, etc.):		
City:	State:	County:	Zip Code:
Name:	Secretary / Treasurer / Active Partner (Circle One)	Telephone # and Extension	
E 911 Address (physical street location):	U. S. Postal Address (P. O. Box, etc.):		
City:	State:	County:	Zip Code:
Name:	Secretary / Treasurer / Active Partner (Circle One)	Telephone # and Extension	
E 911 Address (physical street location):	U. S. Postal Address (P. O. Box, etc.):		
City:	State:	County:	Zip Code:
Name:	Registered Agent	Telephone # and Extension	
E 911 Address (physical street location):	U. S. Postal Address (P. O. Box, etc.):		
City:	State:	County:	Zip Code:

SECTION D: General Organization

Ag-Coop Corporation (Type) _____ Individual Partnership Other (Specify) _____
(LLC, Sub-S, etc.)
 Facility's Principal Activities: Grain Dealer Grain Warehouse Feed Mill Terminal Trucker Dealer
 Grain Processor Other _____

Note to All Applicants: Illinois Corporations must have a copy of their Articles of Incorporation on file with the Illinois Secretary of State. Foreign corporations must have a Certificate of Authority on file with the Illinois Secretary of State to transact business in the State of Illinois. If a corporation is doing business under another name other than the original incorporated name that DBA must also be registered with the Illinois Secretary of State. If a partnership or individual is doing business as another name it must be filed with the County under the Assumed Names Act. If this applies to a new applicant proof must be submitted with the application for license, or you will be licensed under the individual or partnership name only. The name on your license is the name that must appear on your warehouse receipts.

SECTION E: Section E is to be completed by NEW Grain Warehouse License Applicants (Section E is NOT for those renewing their current Warehouse license).

Applicant will store grain only for others Applicant will store company owned grain as well as for others.

Applying for a new CLASS II Warehouse License

Maximum amount of storage space to be allocated for storage operations: _____ bu.

Total storage space available: _____ bu.

Applying for a new CLASS I Warehouse License

Estimated storage capacity to be licensed: _____ bu.

SECTION F: All License Applicants must complete the applicable items of this section. Information should be as of fiscal year-end. (New applicants should estimate grain purchases for first fiscal year but other items in this section need not be completed unless actual data is available).

CURRENT FISCAL YEAR-END _____ (If a newly organized company, state what your fiscal year-end will be.)

List the Major grain commodity, which you propose to buy, handle, and/or store (one only) _____

Will Price Later Contracts be used? Yes No Undecided

Grain Purchases First time grain purchased from producers at an Illinois location (amount required from all Grain Dealers):

	Corn	Soybeans	Wheat	Other	Total
Dollar Value	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Number of Bushels	_____	_____	_____	_____	_____

Grain Inventory (Company owned at fiscal year-end)

	Corn	Soybeans	Wheat	Other	Total
Dollar Value	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Number of Bushels	_____	_____	_____	_____	_____
Below indicate the total number of bushels on which collateral warehouse receipts have been issued to secure a loan:					
Number of Bushels	_____	_____	_____	_____	_____
Unrealized gains on forward contracts \$ _____ (List only if not already included in inventory)					

Grain Assets (Excluding inventory & related party)**Grain Payable** (Excluding related party)

Grain Receivables	\$ _____	Grain Payable (less Price Later)	\$ _____
Price Later Shipped	\$ _____	Price Later Received	\$ _____
Price Later Service Charges	\$ _____	Unrealized Losses on Forward Contracts (List only if not already included in inventory)	\$ _____
Storage, Drying & Handling	\$ _____	Other _____	\$ _____
Balance in Margin Accounts	\$ _____	Other _____	\$ _____
Other _____	\$ _____	Other _____	\$ _____
Other _____	\$ _____	Other _____	\$ _____

All Related Party Receivable**All Related Party Payable**

Name of Related Party	Amount of Asset	Name of Related Party	Amount of Liability
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Net Position (in bushels)

	Corn	Soybeans	Wheat	Other	Total
Net Grain Long (Short) Position	_____	_____	_____	_____	_____

Grain Profits

	Corn	Soybeans	Wheat	Other	Total
Grain sales	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Cost of grain sold	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Grain Profits	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

SECTION: G Fees

Class I Warehouse License:

**New and Renewal
\$200**

Regular Grain Dealer License

**New and Renewal
\$200**

Class II Warehouse License

**New and Renewal
\$150**

Incidental Grain Dealer License

**New and Renewal
\$150**

Each Additional Location

\$ 25

Each Truck Certificate

\$ 25

SECTION: H Signature Section

This application must be completed for all new applicants and each renewal. This application must be signed by the owner, if an individual, by one of the partners if a partnership, or by an officer of the corporation or association.

NAME OF COMPANY

SIGNATURE

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

NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Illinois Compiled Statutes, Ch 240 par 10/0.01 et seq. Failure to provide this information shall prevent this form from being processed. IL 406-0129(2/05)

BUSINESS PRACTICES INFORMATION

Since the last time this form was submitted, has there been any changes in regard to the following personnel and/or business associates? If so, please indicate name(s) where applicable

POSITION	YES	NO	NAME	
General Manager				
Grain Merchandiser				
Grain Accounting Staff				
Commodity Broker (s)				
Banker(s) and/or Lender(s)				
Is your company currently a party to any grain contract litigation?			YES	NO
Does your company ship by rail and/or barge? If answered, yes, Please indicate the procedures followed to record the transaction: beginning as the grain is loaded until payment received			YES	NO
Did your company trade rail and/or barge freight at any time during the year?			YES	NO

Are any of the following market programs offered to your customers?	YES	NO
Farmer Marketing Program		
Option Based Flex Contracts (Min/Max, premium offer, etc)		
Derivative Contracts (Revenue, yield, weather, etc)		
Trade Option Contracts		
Managed Hedging (Contracts priced according to recommendations of a market advisory service)		
Accumulator Contracts		

Please provide a copy of : Board resolution/ position limits/program summary if any of above "YES"

Indicate the total bushel amounts for each type of contract currently open: Fiscal year end ____ or Exam ____

PURCHASE		SALE	
TYPE	BUSHEL AMOUNT	TYPE	BUSHEL AMOUNT
Price Later		Price Later	
Basis		Basis	
HTA		HTA	
HTA (Rolling)		HTA (Rolling)	
HTA (Multiple crop year)		HTA (Multiple crop year)	
Min/Max Ratio		Min/Max Ratio	
Revenue		Revenue	
Swaps		Swaps	
Cash Contracts with a purchased options linkage		Cash Contracts with a purchased options linkage	
Cash Contracts with a sale options linkage		Cash Contracts with a sale options linkage	