



State of Mississippi
Department of Agriculture and Commerce
 P.O. Box 1609
 Jackson, MS 39215-1609
 601-359-1111

APPLICATION FOR GRAIN DEALER LICENSE

The undersigned applicant hereby applies for a license to operate as a Grain Dealership (buying and selling from producers) as defined and required by Section 75-45-304 of the Mississippi Code of 1972, as amended.

Business Name:		E-mail address:	
Contact Person:		Telephone Number:	Fax Number:
Mailing Address:	City:	State:	Zip:
Physical Address:	City:		Zip:
MS Storage Facility Telephone Number:	Fax Number:	County where storage facility is located:	
Operator to appear on License:		Commodity Stored:	
Previous Years \$ amount grain purchase:	License Fee: \$50.00	Additional Bond:	Grain Dealer Bond:

As part of the application, please include:

- License Fee – as noted
- Most recent financial statement –
 The financial statement must be prepared by a licensed Certified Public Accountant who is not in the employment of, related to or directly associated with the applicant.
- Bond or Letter of Credit
- List of sub offices (\$10/truck and/or additional location – dealer)

Dealer – License \$50
 Additional truck- \$10 per truck

Bond – Minimum of \$25,000
 10% of previous years purchase
 up to \$100,000 or as determined
 by the Commissioner

Type of Business: Individual Partnership Association Cooperative Corporation

SIGNATURE SECTION

I, _____, being first duly sworn, depose and say that I

am the _____

OWNER, PARTNER, OFFICER OF CORPORATION

of the applicant _____

Business Name

that I am authorized on the part of said applicant to verify and file with the Mississippi Department of Agriculture and Commerce, this financial statement; that I have full knowledge of the matters set forth herein and that all of same are true in substance and in fact, and that this financial statement has been prepared by a licensed Certified Public Accountant who is not in the employment of, related to or directly associated with the applicant. Also, the undersigned applicant hereby certifies that all statements, information or schedules attached hereto are hereby made a part of this application and that all statements and information contained herein are true and correct.

Subscribed and sworn to before me this _____ day of _____, 20 _____.

My commission expires _____.

NOTARY PUBLIC



THIS SECTION MUST BE COMPLETED OR THIS STATEMENT CANNOT BE ACCEPTED
(if not a part of the prepared financial statement.)

Name and address of the accountant, or firm, that prepared the financial statement.

Name of Accountant		
Street or Route and Box #		
City	State	Zip Code
Telephone Number	Fax Number	

SIGNATURE OF ACCOUNTANT

Entry required for each person with a beneficial interest as owner if applicant is an individual or partnership. 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 Principal Manager is also required.

Name		
Street or Route and Box #		
City	State	Zip Code
Name		
Street or Route and Box #		
City	State	Zip Code
Name		
Street or Route and Box #		
City	State	Zip Code
Name		
Street or Route and Box #		
City	State	Zip Code
Name		
Street or Route and Box #		
City	State	Zip Code

Checkoff Requirements
Defined as 1st point of purchase as required by law

Corn

- **Assessment rate is 1 cent per bushel**
- **Due by the 20th of the month following collection month**
- **Late payments will be fined a 5% penalty of the assessment determined to be due, plus 1% of the amount due, compounded monthly**
- **Refusal to pay assessments will be fined up to \$1000 or result in imprisonment of up to 1 year, or both**

Soybeans

- **Assessment rate is ½ of 1% of market value at time of purchase**
- **Due by the last day of the month following collection month**
- **Late payments will be fined a 2% penalty of the assessment determined to be due, compounded monthly**
- **Refusal to pay assessments will be fined up to \$1000 or result in imprisonment of up to 1 year, or both**

Rice

- **Assessment rate is 3 cents per bushel**
- **Due by the 20th of the month following collection month**
- **Late payments will be fined a 5% penalty of the assessment determined to be due, plus 1% of the amount due, compounded monthly**
- **Refusal to pay assessments will be fined up to \$1000 or result in imprisonment of up to 1 year, or both**

Make check off payments to:

**Mississippi Department of Agriculture & Commerce
Attn: Joette Pickle
P. O. Box 1609
Jackson, MS 39215-1609**

Please call 601-359-1131, if you have any questions concerning checkoff requirements and/or payments.