



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

APPLICATION FOR GRAIN WAREHOUSE

The undersigned applicant hereby applies for a license to operate a Grain Warehouse (buying/selling/storing grain from producers) as defined and required by Section 75-44-9 of the Mississippi Code of 1972, as amended.

Business Name:		E-mail Address:	
Contact Person:		Telephone Number:	Fax Number:
Mailing Address:	City:	State:	Zip:
Warehouse Physical Address:	City:	State:	Zip:
Warehouse Telephone Number:	Fax Number:	County where Warehouse is located:	
Warehouse operator to appear on License: «Warehouse_Operator»		Commodity Stored:	
Bushel Capacity:	Previous Year's \$ amount grain purchase:	License Fee:	Warehouse & Dealer Bond
Warehouse - License Fee Based on capacity: Up to 1 Million bushels \$50; 1 to 2 Million bushels \$75; over 2 Million bushels \$100			

Type of Business: Individual Partnership Association Cooperative Corporation

As part of the application, please include:

- Application Fee \$150
- License Fee – as noted
- Schedule of Charges
- Most recent financial statement – (minimum \$20,000 assets – warehouse)
- Bond or Letter of Credit and must also have a Grain Dealer bond -- as noted
- Bin Chart
- Blank warehouse receipts and/or contracts; specimen of authorized signature
- Current scale ticket
- List of sub offices
- Completed Certificate of Insurance

new warehouse applicants or change to existing

Must be included with application

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
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 checkoff 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.