

IDAHO STATE DEPARTMENT OF AGRICULTURE
WAREHOUSE CONTROL PROGRAM
2270 OLD PENITENTIARY ROAD
PO BOX 7249
BOISE, ID 83707

For office use only

AMOUNT RECEIVED _____
LICENSE NUMBER _____

_____**APPLICATION FOR COMMODITY DEALER LICENSE**
_____**RENEWAL OF COMMODITY DEALER LICENSE**
_____**CLASS 1** or _____ **CLASS 2**

The applicant, as a condition of receiving a license, agrees to comply with and abide by the terms of Title 69, Chapter 5, Idaho Code and the rules there-under. Upon license suspension or license revocation of their Commodity Dealer license, the licensee shall surrender, upon demand, his Commodity Dealer license to the Idaho State Department of Agriculture.

- 1. Full Legal Name of Applicant _____
- 2. DBA (if any) _____
- 3. Contact Name _____ 4. Phone # _____
- 5. Business mailing address _____
- 6. Business phone # _____ 7. Business fax # _____
- 8. Business e-mail address: _____ 9. Website _____
- 10. Idaho Contact (if different from above)* _____ 11. Phone # _____

* License(s) will be sent to the Idaho Contact for posting in Idaho facilities or to the Contact in 3 above if no Idaho contact is given.

- 12. Idaho Mailing Address (if different from above) _____
- 13. Idaho phone # (if different from above) _____ 14. Idaho fax # _____
- 15. Parent company (if applicable) _____
- 16. Parent co. principal business mailing address _____
- 17. Parent company phone # _____ 18. Parent company fax # _____

- 19. Enter all physical addresses where business is conducted or delivery occurs by Idaho producers (or attach a list):
- _____ COUNTY _____

- 20. The applicant is an:
- INDIVIDUAL PARTNERSHIP CORPORATION LLC

INDIVIDUAL

- 21. If an individual, list name and address (if different from above)
- _____
- _____

PARTNERSHIP

- 22. If a partnership, list names and addresses of partners:
- _____
- _____

CORPORATION or LIMITED LIABILITY COMPANY

23. If Corporation or Limited Liability Company, list names and business addresses of officers (or attach a list):

President/Member _____ Address _____
Vice President /Member _____ Address _____
Secretary / Member _____ Address _____
Treasurer / Member _____ Address _____
General Manager / Member _____ Address _____
CEO / Member _____ Address _____

24. If this application is for a Partnership, Limited Liability Company (LLC), or Corporation, has your business or firm name been recorded with the Secretary of State's Office? _____ YES _____ NO

25. Date and state where legal organizational papers were filed: _____

26. In the past 12 months have the officers of the applicant changed, or has the ownership changed by more than 10%? If yes, please explain. _____ YES _____ NO

27. Within the past three years has the applicant or any of its officers, directors, or owners owning at least ten percent (10%) of the applicant been convicted of a felony involving violations of any state warehouse or grain dealer laws or the United States Warehouse Act, or had a claim ordered or collected on a bond or other surety required by state or federal warehouse or grain dealer laws? If yes, please explain. _____ YES _____ NO

28. Within the past three years has the applicant or any of its officers, directors, or owners owning at least ten percent (10%) of the applicant filed for financial relief from creditors under any state or federal bankruptcy laws, or had any judgments entered against them stemming from grain warehouse or grain dealing activities? If yes, please explain. _____ YES _____ NO

29. If you have commodities in inventory for which producers have not been paid, are the inventories insured against loss from physical perils at all times at the full market value of the commodities? _____ YES _____ NO

30. Do you enter into No Price Established (NPE) Contracts or Price Later (PL) Contracts with producers? _____ YES _____ NO

31. Your fiscal year ends: _____

32. Name and address of bank(s) that handle your business account(s):

33. **By my signature below**, I certify that I have thoroughly read and fully understand and will abide by the provisions of Title 69, Chapter 5, Idaho Code and rules there-under of the Idaho State Department of Agriculture. I further certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected and any Commodity Dealer license issued to me pursuant to Title 69, Chapter 5, Idaho Code, may be canceled at any time.

Name (Print): _____ Phone: _____

Position: _____

Signature: _____ Date: _____