## IDAHO STATE DEPARTMENT OF AGRICULTURE WAREHOUSE CONTROL PROGRAM PO BOX 7249 BOISE, ID 83707

warehouse@isda.idaho.gov

## APPLICATION FOR SEED BUYER LICENSE RENEWAL OF SEED BUYER LICENSE

For office use only
AMOUNT RECEIVED
LICENSE NUMBER

The applicant, as a condition of receiving a license, agrees to comply with and abide by the terms of Title 22, Chapter 51, Idaho Code and the rules there-under. Upon license suspension or license revocation of a Seed Buyer's license, the licensee shall surrender, upon demand, their Seed Buyer license to the Idaho State Department of Agriculture.

1. Full Legal Name of App	olicant			
			4. Phone #	
5. Business mailing address	S			
6. Business phone #		7. Business f	fax #	
8. Business e-mail address	· ·		9. Website	
10. Idaho Contact (if differ	ent from above)*		11. Phone #	
* License(s) will be sent to	the Idaho Contact for	posting in Idaho facilities or t	to the Contact in 3 above if no Ida	ho contact is given.
12. Idaho Mailing Address	(if different from abo	ve)		
13. Idaho phone # (if diffe	rent from above)		14. Idaho fax #	
15. Parent company (if app	olicable)			
16. Parent co. principal bu	siness mailing addres	s		
17. Parent company phone	#	18. Parent company fax #		
19. Enter all physical addre	esses where business i	s conducted or delivery occu	ars by Idaho producers (or attach	a list):
			COUNTY	
			COUNTY	
			COUNTY	
			COUNTY_	
			COUNTY	
Please include a schedule check this box:	of charges to growe	rs when you submit this ap	plication. If you don't have a so	chedule of charges,
20. The applicant is an:	INDIVIDUAL	PARTNERSHIP	CORPORATION	LLC
		INDIVIDUAL		
21. If an individual, list na	me and address (if di	fferent from above)		
		PARTNERSHIP	•	
22. If a partnership, list na	mes and addresses of	partners:		

## **CORPORATION or LIMITED LIABILITY COMPANY**

23.	If Corporation or Limited Liability Company, l	ist names and business addresses of officers (or attach a list):				
Presi	dent/Member	Address				
		Address	Address			
Gene	eral Manager / Member	Address				
CEO	/ Member					
	If this application is for a Partnership, Limited been recorded with the Secretary of State's Offi	Liability Company (LLC), or Corporation, has your business or firm name ce?  YES				
25.	Date and state where legal organizational paper	rs were filed:				
	Law"?	ed Dealer license pursuant to Title 22, Chapter 4, Idaho Code "Pure Seed				
		YES (License Number):	_NO			
	In the past 12 months have the officers of the applease explain.	plicant changed, or has the ownership changed by more than 10%? If yes				
		YES	_NO			
		any of its officers, directors, or owners owning at least ten percent (10%) a under any state or federal bankruptcy laws, or had any judgments entered ties? If yes, please explain.				
		YES	_NO			
	Does the applicant or any individuals named above in questions #21, #22, and #23 have a current "commercial property policy" of insurance pursuant to Title 22, Chapter 51, Idaho Code, "Seed Indemnity Fund Law"?					
		YES	_NO			
	Your fiscal year ends:					
31.	Name and address of bank(s) that handle your b	pusiness account(s):				
22	Dy my signature helevy I cortify that I have th	oroughly read and fully understand and will abide by the provisions of Ti				
	22, Chapter 51, Idaho Code and rules there-und answers and statements on this application are t	er of the Idaho State Department of Agriculture. I further certify that all rue and complete to the best of my knowledge. I understand that should answers, my application may be rejected and any Seed Buyer license issue	n			
-	Name (Print):	Phone:				
	Position:		_			
	Signature	Data				