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

warehouse@isda.idaho.gov

## \_\_\_APPLICATION FOR PUBLIC WAREHOUSE LICENSE RENEWAL OF PUBLIC WAREHOUSE LICENSE

For office use only	
AMOUNT RECEIVEDLICENSE NUMBER	

The applicant, as a condition of receiving a license, agrees to comply with and abide by the terms of Title 69, Chapter 2, Idaho Code and rules thereunder. Upon license suspension or license revocation of their Warehouse license, the licensee shall surrender, upon demand, his Warehouse license and all unissued negotiable warehouse receipts to the Idaho State Department of Agriculture.

Full Legal Name of Applicant			
2. DBA (if any)			
3. Contact Name		4. Phone #	
5. Business mailing address			
5. Business phone #	7. Business fa	x #	<del></del>
3. Business e-mail address:		9. Website	
0. Idaho Contact (if different from above)*		11. Phone #	
* License(s) will be sent to the Idaho Contact for post	ing in Idaho facilities or to	the Contact in 3 above if no Ida	aho contact is given.
2. Idaho Mailing Address (if different from above) _			
3. Idaho phone # (if different from above)		14. Idaho fax #	
5. Parent company (if applicable)			
6. Parent co. principal business mailing address			
7. Parent company phone #	18. Parent co	ompany fax #	
19. Enter all physical addresses where business is cor	nducted or delivery occurs	s by Idaho producers (or attach	n a list):
		COUNTY	
		COUNTY	
		COUNTY	
		COUNTY	·
Please include a schedule of charges to growers wh check this box:	en you submit this appl	ication. If you don't have a se	chedule of charges
20. The applicant is an: INDIVIDUAL	PARTNERSHIP	CORPORATION	LLC
	INDIVIDUAL		
21. If an individual, list name and address (if differen	nt from above)		
]	PARTNERSHIP		
22. If a partnership, list names and addresses of partr	ners:		

## CORPORATION or LIMITED LIABILITY COMPANY

23.	If Corporation or Limited Liability Compar	ny, list names and business addresses of officers (or attach a list):	
Pre	sident/Member	Address	
Vic	e President /Member	Address	
Sec	retary / Member	Address	
Tre	asurer / Member	Address	
Ger	neral Manager / Member	Address	
CE	O / Member	Address	
24.	If this application is for a Partnership, Limi been recorded with the Secretary of State's		
		YES	_NO
25.	Date and state where legal organizational pa	apers were filed:	
26.	In the past 12 months have the officers of th please explain.	ne applicant changed, or has the ownership changed by more than 10%? If ye	
		YES	_NO
27.	the applicant been convicted of a felony inv	nt or any of its officers, directors, or owners owning at least ten percent (10%) volving violations of any state warehouse or grain dealer laws or the United State of least on a bond or other surety required by state or federal warehouse or g	tates
	demer laws. If yes, please explain.	YES	_NO
28.	applicant filed for financial relief from credit	t or any of its officers, directors, or owners owning at least ten percent (10%) itors under any state or federal bankruptcy laws, or had any judgments entere see or grain dealing activities? If yes, please explain.  YES	d
29.	Do you enter into No Price Established (NF	PE) Contracts or Price Later (PL) Contracts with producers?	
		YES	NO
30.	What agricultural commodities do you hand	dle?	
31.	Your fiscal year ends:		
32.	Name and address of bank(s) that handle yo	our business account(s):	
33.	Chapter 2, Idaho Code, and rules thereunder and statements on this application are true a	e thoroughly read and fully understand and will abide by the provisions of Tir of the Idaho State Department of Agriculture. I further certify that all answered and complete to the best of my knowledge. I understand that should an ing answers, my application may be rejected and any Warehouse license issued ode, may be canceled at any time.	ers
	Nama (Print):	Phone:	
	Position:		
	Signature:	Date:	