

**AMENDED LICENSE APPLICATION
OF A PUBLIC GRAIN WAREHOUSE
IN AND UNDER THE LAWS OF
THE STATE OF ARKANSAS
ACT 83 OF 1979**

Accounting Only

Full Name of Company (Legal Name as shown on License)		Business EIN#	License Number
Address of Warehouseman's Main Office			County
City		State	Zip
Trade Name of Warehouse (Elevator)			
Location (City)			County
Phone Number	Fax	Email Address	
<p>Upon approval of this request to amend the current license, I (warehouseman) certify to the State Plant Board Grain Warehouse Section; if in the future, I (warehouseman) utilize discontinued storage space, increase or decrease storage space, change the operational name of the facility, change the name of the warehouse manager and/or owner, change in name of the officers if a corporation, change the Schedule of Charges or discontinue operations as a Licensed Grain Warehouse Facility (*which requires a 30 day notice and close out audit), I (warehouseman) will immediately notify the State Plant Board Grain Warehouse Section.</p>			
Cell Phone Number		Printed Name of Individual in Charge (if NEW ✓ box)	
Date		Signature of Warehouseman	

A. RETURN THIS APPLICATION WITH REQUIRED ATTACHED FORMS

B. COMPLETE THE FOLLOWING QUESTIONS:

1. Will name of this warehouse be the same as your licensed warehouse? **YES** **NO**

If No, indicate: _____

2. Amount of storage space: **Increase** **Decrease** **Bushels** _____

Indicate the number and location of the facility(s) storage bins, buildings, etc.

If decrease give reason: _____

3. Is this storage: **A.** Leased or Rented **B.** Purchased
C. New Construction **D.** Other _____

4. Will this warehouse be operated in conjunction with your licensed warehouse?
YES NO If NO, Comment _____

5. Will one set of records be maintained at one central office, which will be representative of all locations?
YES NO If No, comment: _____

CERTIFICATE OF FACT

DATE: _____

STATE OF: _____

COUNTY OF: _____

I, _____, being first duly sworn,
(Individual's Name)

depose and say that I am the _____ of the licensee
(Title)

(Name of Business) ;

that I am authorized on the part of said licensee to verify and file with the Arkansas State Plant Board all information contained herein; that I have full knowledge of the matters set forth herein and that all of the same are true in substance and in fact.

(Authorized Signature)

Subscribed and sworn to before me this _____ day of _____

In the State of _____, in the County of _____

(Notary Public)

My Commission Expires: _____

This application must be signed by the owner if an individual, by one of the partners if a partnership, or by an officer of the corporation if incorporated.