

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

Full Name of Company (Legal Name as shown on License)		License Number	
Address of Warehouseman's Main Office		County	
City	State	Zip	
Trade Name of Warehouse (Elevator)			
Location (Elevator Complete Address)		County	
Phone Number	Fax Number	Email Address	
Cell Phone Number	Printed Name of Individual in charge (If NEW / box)		
Date	Signature of Warehouseman		

**A. RETURN THIS APPLICATION WITH REQUIRED ATTACHED FORMS:**

1. Fill out and return Schedule of Charges (Form GW-5). (Sign and add tariff date.)
2. Complete Certificate of Fact (Form GW-3). (Must be Notarized)
3. Enclose a copy of your most recent financial statement. This statement must have been prepared by and sworn to by a CPA or Registered Public Accountant. The statement must contain the following:
  - a. Statement signed by CPA or RPA
  - b. Balance Sheet
  - c. Income and Expense Sheet
  - d. Statement of Cash Flows
  - e. Schedule of Notes Payable

**B. HAVE YOU MADE ANY OF THE FOLLOWING CHANGES IN YOUR OPERATION SINCE LAST WAREHOUSE LICENSE WAS ISSUED TO YOU:**

1. Is the name of warehouse the same?                      YES              NO  
 If NO, indicate: \_\_\_\_\_
2. Total amount of licensed storage capacity (now on file): \_\_\_\_\_ Bushels.  
 If this amount has changed, was the change an increase or a decrease?  
**Increase of:** \_\_\_\_\_ Bushels.      **Decrease of:** \_\_\_\_\_ Bushels.
3. Changed type of record system?                      YES              NO
4. Do you deal in priced later contracts?                      YES              NO
5. Are the officers (if incorporated) the same?                      YES              NO
6. If a partnership, are the partners the same?                      YES              NO
7. License Fee:              \$ \_\_\_\_\_

**PLEASE COMPLETE THIS RENEWAL APPLICATION IN FULL. UPON COMPLETION, MAIL TO THE ABOVE ADDRESS: ATT: Michael L. Churchwell, Manager, Grain Warehouse Section**

**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 \_\_\_\_\_

\_\_\_\_\_  
(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.

**PLEASE NOTE: If the charges have not changed, use previous tariff date.**

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**GW-5  
(BLUE)**

Rev. 4/2/2018

ARKANSAS STATE PLANT BOARD  
P.O. BOX 1069  
LITTLE ROCK, AR 72203

**SCHEDULE OF CHARGES FOR STORING AND HANDLING GRAIN**  
Arkansas State Licensed and Bonded Warehouseman

SCHEDULE NO.: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_

WAREHOUSE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

All grain received is considered deposited for storage under the terms of the Arkansas Public Grain Warehouse Law, unless the owner of the grain, or his agent request otherwise at or prior to the time of its submission to the warehouse.

COMMODITY	RECEIVING	LOADING OUT	STORAGE

DRYING: \_\_\_\_\_

OTHER CHARGES: \_\_\_\_\_

INSURANCE: All grain will be insured upon receipt for full market value at time of loss; against loss or damage by fire, lightening, windstorm and inherent explosion.

This tariff effective \_\_\_\_\_, 20\_\_\_\_, and supersedes all previous tariffs.

COMPANY: \_\_\_\_\_

BY: \_\_\_\_\_

WAREHOUSEMAN'S SIGNATURE

**THIS SCHEDULE MUST BE POSTED IN THE WAREHOUSE AT ALL TIMES.**