



**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)		Business EIN#	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			
Date	Signature of Warehouseman			

A. RETURN THIS APPLICATION WITH THE 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?

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 Plant Industries Division, ATTN: Grain Warehouse Section, 1 Natural Resources Dr. Little Rock, AR 72205

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 Plant Industries Division all information contained herein; that I have full knowledge of the matters set forth herein and that all 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.

**GW-5
(BLUE)**

Rev. 20240327

PLANT INDUSTRIES DIVISION
ATTN: GRAIN WAREHOUSE DIVISION
1 NATURAL RESOURCES DRIVE
LITTLE ROCK, AR 72205, PH: 501-225-1598

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.