

## GRAIN LICENSE APPLICATION

**NEW**       **RENEWAL**

### Grain Warehouse **Class I**    **Class II**

The Undersigned hereby makes application to the Illinois Department of Agriculture under the provisions of the "Grain Code", Illinois Compiled Statutes, Ch. 240, par. 40/1-1 et seq., for a license to conduct either a Class I public grain warehouse with the authority to issue both negotiable and non-negotiable warehouse receipts; or a Class II public grain warehouse with the authority to issue only non-negotiable warehouse receipts.

### Grain Dealer **Regular**    **Incidental** (Under \$100,000 and used in feed business)

The Undersigned hereby makes application to the Illinois Department of Agriculture under the provisions of the "Grain Code", Illinois Compiled Statutes, Ch. 240, par. 40/1-1 et seq., for a license to engage in the business of buying grain from producers.

Yes     No    We do regularly and continuously report our positions to the Commodity Futures Trading Commission.

#### Principal Place of Business (the principal mailing address where application is to be sent):

|   |       |  |          |
|---|-------|--|----------|
| Legal Name of Company   |       | DBA (Additional name legally authorized to do business as)                               |          |
| Additional Address (Building name, suite number, mail stop, etc.) |       | FEIN (Federal ID #):   |          |
| E 911 Address (physical street location – required item)          |       | Receive Grain for:<br><input type="checkbox"/> Purchase <input type="checkbox"/> Storage |          |
| U. S. Postal Address (P. O. Box, etc.)                            |       |  |          |
| City  | State | County   | Zip Code |
| Contact Person  |       | Fax Number   |          |
| Contact's Telephone Number  |       | Company's Telephone Number   |          |
| Contact's E-mail Address  |       | Company's Internet Site  |          |

#### Illinois Headquarters Location (if the same as the principal place of business just enter "SAME"):

|   |       |  |          |
|---|-------|--|----------|
| Additional Address (Building name, suite number, mail stop, etc.) |       |  |          |
| E 911 Address (physical street location – required item)          |       | Receive Grain for:<br><input type="checkbox"/> Purchase <input type="checkbox"/> Storage |          |
| U. S. Postal Address (P. O. Box, etc.)                            |       |  |          |
| City  | State | County   | Zip Code |
| Location Manager: (or contact person for this location)           |       | Location Telephone Number  |          |
| Contact's E-mail Address  |       | Location Fax Number  |          |

**SECTION A: Additional Locations where grain is or will be stored for others or purchased from producers.**

If adding a new location, was this location licensed before  No  Yes. If yes, give name of company previously licensing this facility \_\_\_\_\_

List each additional Illinois locations to be licensed (if additional space is needed please attach a separate sheet):

|  |       |                           |  |
|--|-------|---------------------------|--|
| <b>Additional Location 1:</b><br>E 911 Address<br>(physical street location is required) |       |                           |  |
| U. S. Postal Address (P. O. Box, etc.)   |       |                           | Receive Grain for:<br><input type="checkbox"/> Purchase <input type="checkbox"/> Storage |
| City   | State | Zip Code                  | County   |
| Location Manager: (or contact person for this location)                                  |       | Location Telephone Number | Location Fax Number  |

|  |       |                           |  |
|--|-------|---------------------------|--|
| <b>Additional Location 2:</b><br>E 911 Address<br>(physical street location is required) |       |                           |  |
| U. S. Postal Address (P. O. Box, etc.)   |       |                           | Receive Grain for:<br><input type="checkbox"/> Purchase <input type="checkbox"/> Storage |
| City   | State | Zip Code                  | County   |
| Location Manager: (or contact person for this location)                                  |       | Location Telephone Number | Location Fax Number  |

|  |       |                           |  |
|--|-------|---------------------------|--|
| <b>Additional Location 3:</b><br>E 911 Address<br>(physical street location is required) |       |                           |  |
| U. S. Postal Address (P. O. Box, etc.)   |       |                           | Receive Grain for:<br><input type="checkbox"/> Purchase <input type="checkbox"/> Storage |
| City   | State | Zip Code                  | County   |
| Location Manager: (or contact person for this location)                                  |       | Location Telephone Number | Location Fax Number  |

|  |       |                           |  |
|--|-------|---------------------------|--|
| <b>Additional Location 4:</b><br>E 911 Address<br>(physical street location is required) |       |                           |  |
| U. S. Postal Address (P. O. Box, etc.)   |       |                           | Receive Grain for:<br><input type="checkbox"/> Purchase <input type="checkbox"/> Storage |
| City   | State | Zip Code                  | County   |
| Location Manager: (or contact person for this location)                                  |       | Location Telephone Number | Location Fax Number  |

**SECTION B: Trucks used in purchasing grain from producers.**

List each truck requiring a certification (if additional space is needed please attach a separate sheet)

| Year | Make | V.I.N. (Serial Number) |
|------|------|------------------------|
|      |      |                        |
|      |      |                        |
|      |      |                        |
|      |      |                        |
|      |      |                        |

**SECTION C: Officers and General Manager** (if additional space is needed please attach a separate sheet)

|   |   |                           |           |
|---|---|---------------------------|-----------|
| Name:                                     | President / Owner / Principal Partner (Circle One)  | Telephone # and Extension |           |
| E 911 Address (physical street location): | U. S. Postal Address (P. O. Box, etc.):             |                           |           |
| City:                                     | State:  | County:                   | Zip Code: |
| Name:                                     | General Manager                                     | Telephone # and Extension |           |
| E 911 Address (physical street location): | U. S. Postal Address (P. O. Box, etc.):             |                           |           |
| City:                                     | State:  | County:                   | Zip Code: |
| Name:                                     | Vice President / Active Partner (Circle One)        | Telephone # and Extension |           |
| E 911 Address (physical street location): | U. S. Postal Address (P. O. Box, etc.):             |                           |           |
| City:                                     | State:  | County:                   | Zip Code: |
| Name:                                     | Secretary / Treasurer / Active Partner (Circle One) | Telephone # and Extension |           |
| E 911 Address (physical street location): | U. S. Postal Address (P. O. Box, etc.):             |                           |           |
| City:                                     | State:  | County:                   | Zip Code: |
| Name:                                     | Secretary / Treasurer / Active Partner (Circle One) | Telephone # and Extension |           |
| E 911 Address (physical street location): | U. S. Postal Address (P. O. Box, etc.):             |                           |           |
| City:                                     | State:  | County:                   | Zip Code: |
| Name:                                     | Registered Agent                                    | Telephone # and Extension |           |
| E 911 Address (physical street location): | U. S. Postal Address (P. O. Box, etc.):             |                           |           |
| City:                                     | State:  | County:                   | Zip Code: |

**SECTION D: General Organization**

Ag-Coop       Corporation (Type) \_\_\_\_\_  Individual     Partnership     Other (Specify) \_\_\_\_\_  
(LLC, Sub-S, etc.)

Facility's Principal Activities:  Grain Dealer     Grain Warehouse     Feed Mill     Terminal     Trucker Dealer  
 Grain Processor     Other \_\_\_\_\_

**Note to All Applicants:** Illinois Corporations must have a copy of their Articles of Incorporation on file with the Illinois Secretary of State. Foreign corporations must have a Certificate of Authority on file with the Illinois Secretary of State to transact business in the State of Illinois. If a corporation is doing business under another name other than the original incorporated name that DBA must also be registered with the Illinois Secretary of State. If a partnership or individual is doing business as another name it must be filed with the County under the Assumed Names Act. If this applies to a new applicant proof must be submitted with the application for license, or you will be licensed under the individual or partnership name only. The name on your license is the name that must appear on your warehouse receipts.

**SECTION E: Section E is to be completed by NEW Grain Warehouse License Applicants (Section E is NOT for those renewing their current Warehouse license).**

Applicant will store grain only for others       Applicant will store company owned grain as well as for others.

Applying for a new CLASS II Warehouse License

Maximum amount of storage space to be allocated for storage operations: \_\_\_\_\_ bu.

Total storage space available: \_\_\_\_\_ bu.

Applying for a new CLASS I Warehouse License

Estimated storage capacity to be licensed: \_\_\_\_\_ bu.

**SECTION F: All License Applicants must complete the applicable items of this section. Information should be as of fiscal year-end. (New applicants should estimate grain purchases for first fiscal year but other items in this section need not be completed unless actual data is available).**

**CURRENT FISCAL YEAR-END** \_\_\_\_\_ (If a newly organized company, state what your fiscal year-end will be.)

List the Major grain commodity, which you propose to buy, handle, and/or store (one only) \_\_\_\_\_

Will Price Later Contracts be used?     Yes     No     Undecided

**Grain Purchases** First time grain purchased from producers at an Illinois location (amount required from all Grain Dealers):

|                   | <b>Corn</b> | <b>Soybeans</b> | <b>Wheat</b> | <b>Other</b> | <b>Total</b> |
|-------------------|-------------|-----------------|--------------|--------------|--------------|
| Dollar Value      | \$ _____    | \$ _____        | \$ _____     | \$ _____     | \$ _____     |
| Number of Bushels | _____       | _____           | _____        | _____        | _____        |

**Grain Inventory** (Company owned at fiscal year-end)

|                   | <b>Corn</b> | <b>Soybeans</b> | <b>Wheat</b> | <b>Other</b> | <b>Total</b> |
|-------------------|-------------|-----------------|--------------|--------------|--------------|
| Dollar Value      | \$ _____    | \$ _____        | \$ _____     | \$ _____     | \$ _____     |
| Number of Bushels | _____       | _____           | _____        | _____        | _____        |

Below indicate the total number of bushels on which collateral warehouse receipts have been issued to secure a loan:

Number of Bushels \_\_\_\_\_

Unrealized gains on forward contracts \$ \_\_\_\_\_ (List only if not already included in inventory)

**Grain Assets** (Excluding inventory & related party)**Grain Payable** (Excluding related party)

|                             |          |  |          |
|-----------------------------|----------|--|----------|
| Grain Receivables           | \$ _____ | Grain Payable (less Price Later)   | \$ _____ |
| Price Later Shipped         | \$ _____ | Price Later Received   | \$ _____ |
| Price Later Service Charges | \$ _____ | Unrealized Losses on Forward Contracts<br>(List only if not already included in inventory) | \$ _____ |
| Storage, Drying & Handling  | \$ _____ | Other _____  | \$ _____ |
| Balance in Margin Accounts  | \$ _____ | Other _____  | \$ _____ |
| Other _____                 | \$ _____ | Other _____  | \$ _____ |
| Other _____                 | \$ _____ | Other _____  | \$ _____ |

**All Related Party Receivable****All Related Party Payable**

| Name of Related Party | Amount of Asset | Name of Related Party | Amount of Liability |
|-----------------------|-----------------|-----------------------|---------------------|
| _____                 | \$ _____        | _____                 | \$ _____            |
| _____                 | \$ _____        | _____                 | \$ _____            |
| _____                 | \$ _____        | _____                 | \$ _____            |
| _____                 | \$ _____        | _____                 | \$ _____            |
| _____                 | \$ _____        | _____                 | \$ _____            |
| _____                 | \$ _____        | _____                 | \$ _____            |
| _____                 | \$ _____        | _____                 | \$ _____            |
| _____                 | \$ _____        | _____                 | \$ _____            |

**Net Position (in bushels)**

|  | Corn  | Soybeans | Wheat | Other | Total |
|--|-------|----------|-------|-------|-------|
| <b>Net Grain Long (Short) Position</b> | _____ | _____    | _____ | _____ | _____ |

**Grain Profits**

|                      | Corn     | Soybeans | Wheat    | Other    | Total    |
|----------------------|----------|----------|----------|----------|----------|
| Grain sales          | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Cost of grain sold   | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| <b>Grain Profits</b> | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

**SECTION: G Fees**

**Class I Warehouse License:**

**New and Renewal  
\$200**

**Regular Grain Dealer License**

**New and Renewal  
\$200**

**Class II Warehouse License**

**New and Renewal  
\$150**

**Incidental Grain Dealer License**

**New and Renewal  
\$150**

**Each Additional Location**

**\$ 25**

**Each Truck Certificate**

**\$ 25**

**SECTION: H Signature Section**

**This application must be completed for all new applicants and each renewal. 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 or association.**

\_\_\_\_\_  
**NAME OF COMPANY**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**DATE**

**THE FOLLOWING DOES NOT APPLY TO BUSINESSES WITH FEDERAL EMPLOYER IDENTIFICATION NUMBERS.**

Pursuant to 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security Number, and the applicant shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the applicant to contempt of court.

Are you more than 30 days delinquent in complying with a child support order?  Yes  No  
(NOTE: If you are not subject to a child support order, answer "no.")

Applicant's Social Security Number is \_\_\_\_\_.

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Illinois Compiled Statutes, Ch 240 par 10/0.01 et seq. Failure to provide this information shall prevent this form from being processed. IL 406-0129(2/05)

**BUSINESS PRACTICES INFORMATION**

**Since the last time this form was submitted, has there been any changes in regard to the following personnel and/or business associates? If so, please indicate name(s) where applicable**

| POSITION                   | YES | NO | NAME |
|----------------------------|-----|----|------|
| General Manager            |     |    |      |
| Grain Merchandiser         |     |    |      |
| Grain Accounting Staff     |     |    |      |
| Commodity Broker (s)       |     |    |      |
| Banker(s) and/or Lender(s) |     |    |      |

|   |     |  |    |  |
|---|-----|--|----|--|
| Is your company currently a party to any grain contract litigation?   | YES |  | NO |  |
| Does your company ship by rail and/or barge? If answered, yes, Please indicate the procedures followed to record the transaction: beginning as the grain is loaded until payment received | YES |  | NO |  |
| Did your company trade rail and/or barge freight at any time during the year?   | YES |  | NO |  |

| <b>Are any of the following market programs offered to your customers?</b>                   | YES | NO |
|--|-----|----|
| Farmer Marketing Program   |     |    |
| Option Based Flex Contracts (Min/Max, premium offer, etc)                                    |     |    |
| Derivative Contracts (Revenue, yield, weather, etc)  |     |    |
| Trade Option Contracts   |     |    |
| Managed Hedging (Contracts priced according to recommendations of a market advisory service) |     |    |
| Accumulator Contracts  |     |    |

**Please provide a copy of : Board resolution/ position limits/program summary if any of above "YES"**

**Indicate the total bushel amounts for each type of contract currently open: Fiscal year end \_\_\_\_ or Exam \_\_\_\_**

| PURCHASE  |               | SALE  |               |
|---|---------------|---|---------------|
| TYPE  | BUSHEL AMOUNT | TYPE  | BUSHEL AMOUNT |
| Price Later                                     |               | Price Later                                     |               |
| Basis   |               | Basis   |               |
| HTA   |               | HTA   |               |
| HTA (Rolling)                                   |               | HTA (Rolling)                                   |               |
| HTA (Multiple crop year)                        |               | HTA (Multiple crop year)                        |               |
| Min/Max Ratio                                   |               | Min/Max Ratio                                   |               |
| Revenue   |               | Revenue   |               |
| Swaps   |               | Swaps   |               |
| Cash Contracts with a purchased options linkage |               | Cash Contracts with a purchased options linkage |               |
| Cash Contracts with a sale options linkage      |               | Cash Contracts with a sale options linkage      |               |