



Gary W. Black  
Commissioner

GEORGIA DEPARTMENT OF AGRICULTURE  
STATE WAREHOUSE DIVISION, ROOM 334  
CAPITOL SQUARE  
ATLANTA, GEORGIA 30334  
TEL: (404) 656-3676 FAX: (404) 657-1425

DIVISION USE

Voucher # \_\_\_\_\_  
Check # \_\_\_\_\_  
Amount \_\_\_\_\_

**ANNUAL APPLICATION FOR GRAIN DEALER LICENSE**

EVERY QUESTION MUST BE ANSWERED IN FULL. PLEASE PRINT OR TYPE. FILE IN DUPLICATE.

1. Name of Business: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Street Address: \_\_\_\_\_

4. Phone: Business: \_\_\_\_\_ Fax: \_\_\_\_\_ Residence: \_\_\_\_\_

5. Type of ownership:  Individual  Partnership  Corporation

6. Names of present owners (If corporation, please list officers)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Key contact for license administration: \_\_\_\_\_

8. Fiscal year ending date: \_\_\_\_\_

9. Does your facility have a certified public scale? YES  NO  If NO, list company name and location where producer grain is weighed \_\_\_\_\_

10. Name of Licensed Certified Public Weighers to be renewed:  
\_\_\_\_\_  
\_\_\_\_\_

STATE LAW O.C.G.A. 2-9-38: ALL GRAIN PURCHASED FROM A PRODUCER BY A DEALER LICENSED UNDER THIS ARTICLE SHALL BE WEIGHED BY A CERTIFIED PUBLIC WEIGHER.

Current grain dealer bond coverage: \_\_\_\_\_

This license expires on "June 30," but, for so long as the appropriate fees thereon are paid (where applicable), may be deemed to be renewed from fiscal year to fiscal year unless surrendered, abandoned, revoked or cancelled or unless the Commissioner of Agriculture shall require at any time a new application for any annual renewal thereof. (If all fees are not paid promptly after the end of each fiscal year, license is deemed abandoned and may be renewed only upon new application and payment of appropriate fees.)

The applicant agrees to comply with and abide by the terms of the Georgia State Grain Dealer Regulations so far as the same may relate to him. The statements made in the foregoing application are hereby certified to be true to the best of the knowledge and belief of the applicant.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
LICENSE NO.

\_\_\_\_\_  
TITLE