



COMMISSIONER SID MILLER

**Texas Department of Agriculture**  
**Application to Change License Structure**

**RGW-307**

<b>SECTION A</b>	<b><sup>1</sup> VERIFICATION INFORMATION</b>	
	Full Legal Business Name	
	TDA Client No.	TDA License No.

<b>SECTION B</b>	<b><sup>1</sup> REQUESTING LICENSE CHANGE (check only one)</b>	
	<input type="checkbox"/> Add a new unlicensed facility - Complete "Grain Warehouse Schedule A."	
	<input type="checkbox"/> Combine 2 or more complete licenses – Complete Section C	
	<input type="checkbox"/> Transfer 1 or more facilities from an existing license to another license – Complete Section D	
	<input type="checkbox"/> Dissolve a combination license (all facilities will have a unique license no.) – Complete Section E	
	<input type="checkbox"/> Split a portion of a combination license into individual licenses – Complete Section F	
	<input type="checkbox"/> Split a combination license into multiple combinations – Complete Section G	

<b>SECTION C</b>	<b><sup>1</sup> COMBINE EXISTING LICENSES</b>	
	Designate TDA License No. to Keep	
	TDA License No.	TDA License No.
	TDA License No.	TDA License No.
	If you wish to combine more than five licenses, please fill out Schedule G	
	<b><sup>2</sup> DESIGNATE MAIN HEADQUARTERS LOCATION</b>	
	Facility Name	
	Physical Address	
	City	Zip Code

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Legal Business Name \_\_\_\_\_

1 TRANSFER FACILITIES TO EXISTING LICENSE		
<b>SECTION D</b>	<b>TRANSFER FROM</b>	
	Existing TDA License No. to Transfer From	Name of Facility Transferring
	Physical Address	
	City	Zip Code
	If you wish to transfer more than one facility from this license, please complete Schedule G	
	Will the main headquarters change as a result of this transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please designate a new headquarters for the above license number.	
	Name of Facility to be New Headquarters	
	Physical Address	
	City	Zip Code
	<b>TRANSFER TO</b>	Existing TDA License No. to Transfer To
Will the main headquarters change as a result of this transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please designate a new headquarters for the above license number.		
Name of Facility to be New Headquarters		
Physical Address		
City		Zip Code

1 DISSOLVE A COMBINATION LICENSE		
<b>SECTION E</b>	Designate which facility will keep existing license no.	
	Facility Name	
	Physical Address	
	City	Zip Code
	Please complete "Grain Warehouse Schedule A" for each remaining facility.	

Legal Business Name \_\_\_\_\_

<b>SECTION F</b>	<b><sup>1</sup> SPLIT A PORTION OF COMBINATION LICENSE INTO INDIVIDUAL LICENSES</b>	
	Please complete "Grain Warehouse Schedule A" for each facility to receive an individual license.	
	Will the main headquarters change as a result of this split? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please designate a new headquarters for the above license number.	
	Facility Name	
	Physical Address	
	City	Zip Code

<b>SECTION G</b>	<b><sup>1</sup> SPLIT A COMBINATION LICENSE INTO MULTIPLE COMBINATIONS</b>	
	Designate main headquarters that will keep existing license no.	
	Facility Name	
	Physical Address	
	City	Zip Code
	List any other facilities that will keep this license no.	
	Facility Name	
	Physical Address	
	City	Zip Code
	Facility Name	
	Physical Address	
	City	Zip Code
	Facility Name	
	Physical Address	
City	Zip Code	
If more than three locations, please complete schedule H.		

Legal Business Name \_\_\_\_\_

Designate Main Headquarters of the next license grouping.		
Facility Name		
Physical Address		
City	Zip Code	
List any other facilities that will be part of this group.		
<b>SECTION G (CON'T)</b>	Facility Name	
	Physical Address	
	City	Zip Code
	Facility Name	
	Physical Address	
	City	Zip Code
	Facility Name	
	Physical Address	
	City	Zip Code
	Facility Name	
	Physical Address	
	City	Zip Code
Please complete "Grain Warehouse Schedule A" for each facility in this license group.		
If you make additional groups, please complete Schedule H.		

<b>SECTION H</b>	<b><sup>1</sup> SIGNATURE</b>	
	Application is hereby made to increase or decrease grain warehouse capacity, pursuant to Chapter 14 of the Texas Agriculture Code, as amended, and the department's rules promulgated thereunder.	
	Applicant Name	Title
	Applicant Signature	Date     /     / month day year