

P.O. Box 12076 Austin, Texas 78711 • (877) 542-2474 • (512) 463-7476 • Hearing impaired: (800) 735-2988 voice • (800) 735-2989 (TTY) www.TexasAgriculture.gov

# **Texas Department of Agriculture** Application to Operate a Public Grain Warehouse

**RGW-300** 

COMMISSIONER SID MILLER

SEC.

You must complete ALL licensing activity (including testing) within one year of the application date. An incomplete application shall become void on the one-year anniversary of submission. A void application will not be processed and any application fee associated with the void application shall not be refunded.

#### FACILITY INFORMATION

Are you applying for a combination grain warehouse license? Yes No If yes, in addition to this application, please complete form **RGW-301 Grain Warehouse Schedule A** for all facilities except the main record keeping facility that is referenced on this form.

	<sup>1</sup> TYPE OF APPLICATION						
	New Business	nership – previous account number:					
	<sup>2</sup> BUSINESS TYPE			TDA USE ONLY			
	Corporation	Sole Propriet		orship	Client No.		Account No.
	Limited Liability Co.	Government					
	Limited Partnership	Other (specify)		1)	Date (mm/d	d/yy)	Initials
	General Partnership						
	<sup>3</sup> CLIENT INFORMATION					-	
ION B	Full legal business name (owner's full name if sole proprietor – no aliases)						
<b>SECTION B</b>	D.B.A. (if applicable)						
	Texas Identification Number ("TIN," i				bloyee Identification Number (Out-of-state		
	Texas Comptroller of Public Accounts)			businesses without a TIN <sup>1</sup> )			
	SOLE PROPRIETORSHIP ONLY						
				e a SSN you must a attach form Affidavit for			
		Occupational License - No Social Security Number (OGC-001)					
		available at www.TexasAgriculture.gov					
	Driver License No.	if you do not have an SS					
	State Issued ID No.		1f you	do not have a dr	iver license	U Othe	r

<sup>&</sup>lt;sup>1</sup> Sections 9.01 and 9.02 of the Texas Business Organizations Code requires most out of state businesses to register with the Texas Secretary of State as a condition of doing business in Texas.

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

## <sup>1</sup> RESPONSIBLE PERSON INSTRUCTIONS

Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:

- For a corporation, limited liability company, or cooperative, the president, CEO or managing member
- For a limited or general partnership, the managing partner or general manager,
- For a sole proprietorship, the owner,
- For any other type of business, the general manager.

С	<sup>2</sup> RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER						
SECTION	First Name	M. I.	Last Name				
SEC	Phone No.			E-mail			
	() - Ext.						
	<sup>3</sup> RESPONSIBLE PERSON MAILING ADDRESS						
	Address						
	City				State	7:	
	City				State	Zip	
	Web Address of Business (optional)						
				TEDG			
	<sup>1</sup> PERSON TO CONTACT FOR LICENSE-RELATED MATTERS						
	First Name M		[.	Last Name			
	Primary Phone			Secondary Phone (optional)			
	( ) - Ext.			( )	- Ex	xt.	
١D	Fax (optional)						
ION	() - Ext.						
<b>SECTION D</b>	E-mail (optional)			Would you prefer to be contacted by E-mail?			
SE				Yes	[	No	

	State	Zip
		State

MAILING ADDRESS

### Legal Business Name

	<sup>1</sup> FACILITY INFORMATION							
	Unique Facility Name	Rated Grain Storage Capacity (Bu.)						
(r)	<sup>2</sup> PHYSICAL ADDRES	<sup>2</sup> PHYSICAL ADDRESS OF LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT						
<b>SECTION E</b>	Address (No P.O. Box)							
SEC	City		State	Zip	County			
	Directions to Physical Lo	ocation if address above is difficu	lt to find					
	<sup>1</sup> OUT-OF-STATE APP	PLICANTS ONLY						
	An applicant for a Public Grain Warehouse license whose principal place of business is situated outside the State of Texas must appoint and designate a resident citizen of Texas as said applicant's resident agent within Texas. This information is REQUIRED if address in Section C is out of state.							
Ε								
<b>SECTION F</b>	Resident Agent Name							
SE	Resident Agent Address							
	City		Zip	Bu (	isiness Phone ) -			
	<sup>1</sup> APPLICANT INFORMATION							
Ŀ	Within the last 10 years, has any owner, partner, or major stockholder (more than 20% of stock) been convicted of							
NO	a felony or misdemeanor? Ves No							
<b>SECTION G</b>	If yes, attach a statement showing the felony crime for which you were convicted, the date of the conviction, the county where convicted, the sentence and terms of probation, if any, and a brief explanation of the circumstances of the crime and completion of any sentence or probation.							
	<sup>1</sup> PAYMENT							
	Please see instructions for applicable fees.							
	License Should Become Effective / /							
ΗZ	month day year							
$\overline{}$				REGISTRATION IS NOT VALID UNTIL APPROVED BY TDA.				
E								
ECTIC	Method of Payment (pay	vable to Texas Department of Age						
<b>SECTION H</b>	Method of Payment (pay		riculture)	Money	/ Order #			
SECTIC	Method of Payment (pay	vable to Texas Department of Age	riculture) Mail to: Tex	Money as Departmen				

### Legal Business Name

	<sup>1</sup> SIGNATURE				
<b>SECTION I</b>	The applicant, by and through their personal or agent's signature below (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.				
	Applicant or Agent's Printed Name	Title			
	Applicant or Agent's Signature	Date / /			
		month day year			
Π	<sup>1</sup> CHECKLIST				
	Please use this checklist to ensure you are sending all of the necessary information and documents.				
	Application to Operate Public Grain Warehouse				
	Fee (see instructions for assistance with calculating the correct fee.)				
ſ	Schedule A – for those applying for a combination license.				
<b>SECTION J</b>	Certification of Insurance				
Ĭ	Schedule C – Certificate of Deposit (if you submit Schedule C, do not submit Schedule D or E.)				
EC	Schedule D – Bond (if you submit Schedule D, do not submit Schedule C.)				
<b>5</b> 2	Schedule E – Bond Addendum (if you submit Schedule E, do not submit Schedule C.)				
	Reviewed or Audited Financial Statement				
-	What date does your Fiscal Year end?				
		Conviction Information (if applicable) Please note that an incomplete application may result in processing delays.			
	Conviction Information (if applicable)				