



Texas Department of Agriculture
Application to Operate a Public Grain Warehouse

RGW-300

COMMISSIONER SID MILLER

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.

SEC. A	¹ FACILITY INFORMATION
	Are you applying for a combination grain warehouse license? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

SECTION B	¹ TYPE OF APPLICATION				
	<input type="checkbox"/> New Business		<input type="checkbox"/> Change of Ownership – previous account number: _____		
	² BUSINESS TYPE			TDA USE ONLY	
	<input type="checkbox"/> Corporation		<input type="checkbox"/> Sole Proprietorship	Client No.	Account No.
	<input type="checkbox"/> Limited Liability Co.		<input type="checkbox"/> Government	Date (mm/dd/yy)	Initials
	<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Other (specify) _____		
	<input type="checkbox"/> General Partnership				
	³ CLIENT INFORMATION				
Full legal business name (owner's full name if sole proprietor – no aliases)					
D.B.A. (if applicable)					
Texas Identification Number ("TIN," issued by the Texas Comptroller of Public Accounts)			Federal Employee Identification Number (Out-of-state businesses without a TIN ¹)		
SOLE PROPRIETORSHIP ONLY					
<input type="checkbox"/> Social Security No. (SSN - Required) - -		<input type="checkbox"/> If you do not have a SSN you must attach form Affidavit for Occupational License - No Social Security Number (OGC-001) available at www.TexasAgriculture.gov			
<input type="checkbox"/> Driver License No. _____		if you do not have an SSN		<input type="checkbox"/> TX	
<input type="checkbox"/> State Issued ID No. _____		if you do not have a driver license		<input type="checkbox"/> Other _____	

¹ 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 _____

SECTION C	¹ RESPONSIBLE PERSON INSTRUCTIONS		
	Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:		
	<ul style="list-style-type: none"> ♦ 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. 		
	² RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER		
	First Name	M. I.	Last Name
Phone No. () - Ext.		E-mail	
³ RESPONSIBLE PERSON MAILING ADDRESS			
Address			
City		State	Zip
Web Address of Business (optional)			

SECTION D	¹ PERSON TO CONTACT FOR LICENSE-RELATED MATTERS		
	First Name	M. I.	Last Name
	Primary Phone () - Ext.		Secondary Phone (optional) () - Ext.
	Fax (optional) () - Ext.		
	E-mail (optional)		Would you prefer to be contacted by E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
	² MAILING ADDRESS		
	Address		
City		State	Zip

Legal Business Name _____

SECTION I	¹ SIGNATURE	
	<p>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 application may be suspended or denied renewal for failure to pay child support. If signed by an agent (including employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.</p>	
	Applicant or Agent's Printed Name	Title
	Applicant or Agent's Signature	Date / / month day year

SECTION J	¹ CHECKLIST	
	<p>Please use this checklist to ensure you are sending all of the necessary information and documents.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Application to Operate Public Grain Warehouse <input type="checkbox"/> Fee (see instructions for assistance with calculating the correct fee.) <input type="checkbox"/> Schedule A – for those applying for a combination license. <input type="checkbox"/> Certification of Insurance <input type="checkbox"/> Schedule C – Certificate of Deposit (if you submit Schedule C, do not submit Schedule D or E.) <input type="checkbox"/> Schedule D – Bond (if you submit Schedule D, do not submit Schedule C.) <input type="checkbox"/> Schedule E – Bond Addendum (if you submit Schedule E, do not submit Schedule C.) <input type="checkbox"/> Reviewed or Audited Financial Statement <p style="margin-left: 40px;">What date does your Fiscal Year end?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conviction Information (if applicable) 	
	Please note that an incomplete application may result in processing delays.	