

COMMISSIONER SID MILLER

associated with the void application shall not be refunded.

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** 

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

	1 DA CHE ETTE ENDODE LA TELONI						
A	<sup>1</sup> FACILITY INFORMATION						
SEC.	Are you applying for a combination grain warehouse license?						
SE	If yes, in addition to this application, please complete form <b>RGW-301 Grain Warehouse Schedule A</b> for all facilities except the main record keeping facility that is referenced on this form.						
	racinties except the main record k	ceping ra	Cility tila	t is referenced on	tulis lollii.		
	<sup>1</sup> TYPE OF APPLICATION						
				1		1	
	New Business		nge of Ov	wnersnip – previo	ous account numb	oer:	
	<sup>2</sup> BUSINESS TYPE				TDA USE ONLY		
	☐ Corporation		Sole Proprietorship		Client No.		Account No.
	Limited Liability Co.	Gov	Government				
	☐ Limited Partnership	Other (specify)		Date (mm/dd/yy)	1/	Initials	
	General Partnership				1/yy)		
	<sup>3</sup> CLIENT INFORMATION						
				rietor – no aliases	(26		
SECTION B	run legai business name (owner's run name ii sole proprietor – no anases)						
LL	D.B.A. (if applicable)						
SEC	D.D.A. (II applicable)						
	Texas Identification Number ("TIN," issued by the			Federal Employee Identification Number (Out-of-state			
	Texas Comptroller of Public Accounts)			businesses without a TIN <sup>1</sup> )			
	OLE PROPRIETORSHIP ONLY						
	Social Security No. (SSN - Require	red)		ou do not have a S	do not have a SSN you must a attach form Affidavit for		
<u>Occupational</u>			ational License - No Social Security Number (OGC-001)				
available at www.TexasAgriculture			Agriculture.gov				
	Driver License No.			you do not have an SSN			
	State Issued ID No.		if you	do not have a dr	iver license	Othe	r

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.)

Licensing Department Administrative Services Division Occupational

<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.

Legal Business Name

	<sup>1</sup> RESPONSIBLE PERSON INSTRUCTION	S					
	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						
	<ul> <li>For a limited or general partnership, the managing partner or general manager,</li> </ul>						
	<ul> <li>For a sole proprietorship, the owner,</li> </ul>						
	• For any other type of business, the	general	manager.				
$\mathbf{C}$	<sup>2</sup> RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER						
SECTION	First Name		Last N	Last Name			
CTI							
SE	Phone No.		E-mail				
	Ext.	DEGG					
	<sup>3</sup> RESPONSIBLE PERSON MAILING ADD	KESS					
	Address						
	City				State	7:-	
	City				State	Zip	
	Web Address of Business (optional)						
	(-F)						
	<sup>1</sup> PERSON TO CONTACT FOR LICENSE-RELATED MATTERS						
	First Name		M. I. Last Nar		me		
					Ni (		
	Primary Phone ( ) - Ext.			Secondary Phone (optional)  ( ) - Ext.			
				( )	- EX		
N	Fax (optional)						
$\Gamma$ IO	( ) - Ext.						
ECTION D				Would you prefer to be contacted by E-mail?  Yes  No			
S	<sup>2</sup> MAILING ADDRESS				L		
	Address						
	Address						
	City				State	Zip	
						—- <b>r</b>	

Legal Business Name
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	<sup>1</sup> FACILITY INFORMATION						
	Unique Facility Name			Rated Grain Storage Capacity (Bu.)			
E		<sup>2</sup> PHYSICAL ADDRESS OF LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT					
SECTION E	Address (No P.O. Box)						
$\mathbf{C}\mathbf{I}$	City		State	Zip	County		
$\mathbf{SE}$			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					
		Grain Warehouse license whose					
		lesignate a resident citizen of Tex ED if address in Section C is out of		licant's resi	dent agent within Texas. Th	is	
<u> </u>	IIIOIIIauoii is REQUIRE	D II address III Section C is out o	or state.				
ON	Resident Agent Name						
SECTION F	Resident Agent Ivanie						
$\mathbf{SE}$	Resident Agent Address						
	<u> </u>						
	City		Zip		Business Phone		
				(	( ) -		
	<sup>1</sup> APPLICANT INFOR	MATION					
91	Within the last 10 years, has any owner, partner, or major stockholder (more than 20% of stock) been convicted of					of	
SECTION G	a felony or misdemeanor?   Yes No						
CT	If yes, attach a statement showing the felony crime for which you were convicted, the date of the conviction, the						
$\mathbf{SE}$	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						
SECTION H	Please see instructions for applicable fees.						
	License Should Become Effective / /						
	DI	month day yea		DDAVED I	)		
TIO		EGISTRATION IS NOT VALID vable to Texas Department of Agr		T KUYED I	DI IVA.		
EC	• •	Cashier's Check #		Mor	ney Order #		
S	Amount remitted		Mail to: Texas Department of Agriculture				
	\$		P.O. Box 12076, Austin, TX 78711-2076				
	TDA USE ONLY	Receipt No.	Date Receipt	Issued			

Legal Business Name
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T.					
<sup>1</sup> SIGNATURE					
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					
1 11	•				
	1 11				
applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of					
the applicant.	F				
Applicant or Agent's Printed Name	Title				
Applicant or Agent's Signature	Date / /				
	month day year				
<sup>1</sup> CHECKLIST					
	ry information and documents				
<u> </u>					
<del>-</del> · · ·					
☐ Schedule C – Certificate of Deposit (if you submit Schedule C, do not submit Schedule D or E.)					
<del></del>					
Schedule E – Bond Addendum (if you submit Schedule E, do not submit Schedule C.)					
<del></del>					
Conviction Information (if applicable)					
	The applicant, by and through their personal or agent's signature belconnection with this application at any time is true and correct to the acknowledges that any misrepresentation or false statement made by applicant, in connection with this application, whether intentional or revocation, or non-renewal of any license issued pursuant to this applicadinistrative penalties; and (3) if applying as an individual, further denied and that any license issued pursuant to this application may be delinquency in payment of a guaranteed student loan and that any be suspended or denied renewal for failure to pay child support. If si applicant, the person signing certifies that he or she is authorized to the applicant.  Applicant or Agent's Printed Name  Applicant or Agent's Signature  Tehecklist  Please use this checklist to ensure you are sending all of the necessal Application to Operate Public Grain Warehouse  Fee (see instructions for assistance with calculating the correct Schedule A – for those applying for a combination license.  Certification of Insurance  Schedule C – Certificate of Deposit (if you submit Schedule C — Schedule D — Bond (if you submit Schedule D, do not submit Schedule E — Bond Addendum (if you submit Schedule E, do Reviewed or Audited Financial Statement What date does your Fiscal Year end?				