

APPLICATION FOR GRAIN BUYER LICENSE

20

ENTITY ID

The data on this form will be used to process your application. You must provide your Minnesota Tax ID number. If you do not have one, you must provide your social security number (MS Sec 270C.72). We are required by law to collect this information and we cannot grant your license without it. No one will have access to your social security number except those permitted access by law, your written consent, court order, or those department employees whose job duties require access. Pursuant to MS Sec 297A.66 if your company maintains within the state an office or place of distribution or sales person or other employee that solicits, sells or delivers goods or services in the state you must have a Minnesota Tax ID number. If you are unsure if you need a Minnesota Tax ID, contact the Minnesota Department of Revenue at www.taxes.state.mn.us.

Legal Name			MN Tax ID or if none, Social Security		
DBA (if different)			Mailing Address (if different)		
Physical Street Address (No PO Box)			City	State	Zip
			Company Phone		
City	State	Zip			

Workers' Compensation. Do you have any paid or otherwise compensated employees in Minnesota? Yes or No If yes, complete the following:

Insurance Company Name _____ Effective Date _____
 Policy Number _____ Expiration Date _____

You must provide acceptable evidence of compliance with the Workers' Compensation Insurance Law (MS Sec 176.182). If you are self-insured, attach a copy of the exemption order from the Commissioner of Commerce authorizing self-insurance. For questions, contact the Minnesota Department of Labor and Industry at www.doli.state.mn.us.

Do you purchase grain on contract? (deferred payment, priced later, etc.) Yes or No When is your Fiscal Year End: ____/____/____
 *See MS 223.177 for contract requirements.

This facility is a USDA licensed warehouse and will provide evidence of annual examination. Yes or No

Licensed Locations (Attach additional sheets if necessary)

Address	City/Zip	County	Capacity	Buyer Fee (see below) 600506(3100)	Exam Fee (see below) 600509(3200)	License Number (office use only)

Total Amount Due \$ _____

Examination Fee (Bushel Capacity)

No bushel capacity	\$100
150,000 or less	\$300
150,001 to 250,000	\$425
250,001 to 500,000	\$545
500,001 to 750,000	\$700
750,001 to 1,000,000	\$865
1,000,001 to 1,200,000	\$1,040
1,200,001 to 1,500,000	\$1,205
1,500,001 to 2,000,000	\$1,380
2,000,001 or More	\$1,555

Buyer Fee

Gross Annual Grain Purchases (GAGP)	First Location	Additional Location
Less than \$100,000	\$140	\$110
\$100,000 to \$750,000	\$275	\$110
\$750,000 to \$1,500,000	\$415	\$220
\$1,500,000 to \$3,000,000	\$550	\$220
\$3,000,000 or More	\$700	\$220

Financial Requirements: All applicants will be required to submit GAAP compliant financial statements prepared by a CPA at least once during the licensing period. Financial requirements are based on your gross grain purchases, please contact us for more details.

Security Requirements: Applicants must secure a MN Grain Bond in the amount of \$100,000. Applicants purchasing less than \$1,000,000 in grain annually with cash or specific cash equivalents may qualify for an exemption, please contact us for more details.

I hereby certify that the information contained in and submitted with this form is true and correct.

Signature _____ Date _____

Name (please print) _____ Title _____

Contact Phone _____ Fax _____

Email _____

Return this form with your check made payable to: Minnesota Department of Agriculture
 Attention Cashier
 625 Robert Street North
 Saint Paul, MN 55155-2538

For Office Use Only