



AGRICULTURAL COMMODITY HANDLER LICENSE APPLICATION

CONTACT GRAIN WAREHOUSE OFFICE BEFORE FILING THIS FORM!

R.C. 926.05 (a) states that each person or company desiring to renew a handler's license shall file an application annually with Ohio Department of Agriculture.

R.C. 926.05 (e) states that the renewal application must be filed 30 days PRIOR to the expiration of the current license to avoid a late penalty. The minimum penalty is \$15.00.

After contacting the Grain Warehouse Office, complete each step of the application and return to Ohio Department of Agriculture promptly. Use additional sheets as needed or write on the back of this application.

Company Name: _____

Mailing Address: _____ Physical Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone: _____ General Manager, or Contact: _____

Fax: _____ E-Mail Address: _____

Business Operation Type: Proprietorship Partnership Corporation Cooperative Other

If "Other", explain:

What is the closing date of your operating year?

Certified Public Accountant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone: _____ Contact Person: _____

Fax: _____ E-Mail Address: _____

List names, mailing addresses, and telephone numbers of owners, partners, or corporate officers and Ohio Statutory Agent of the applying company:

Company Officer	Name	Mailing Address	Telephone
President			
Vice President			
Treasurer			
Secretary			
Ohio Statutory Agent			

Does your company lease any of its grain facilities? Yes No *If Yes, please provide a current lease agreement.*

Insurance Agent Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone: _____ Contact Person: _____

Fax: _____ E-Mail Address: _____

List names, mailing addresses, telephone numbers, and contact person from each financial institution that your company conducts business. List the type of accounts maintained for you by each institution listed (ie: checking, savings, loans, credit lines, etc.).

Financial Institution & Contact Person	Type of Account	Mailing Address	Telephone

List names, addresses, telephone numbers, and contact person from each grain broker that your company utilizes:

Grain Broker	Contact Person	Mailing Address	Telephone

Check the services that your company provides to its customers:

Business Operation Type: Cash Purchase/Sale Grain Bank Open Storage Delayed Price Other

If "Other," please list: _____

What are your hours of operation?*

Day	<input type="checkbox"/> SUN	<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> THU	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT
Hours							

* Please keep in mind that our examinations are unannounced, therefore, you must select at least one day per week that someone who can provide grain records will be available. Also, please note any special times or dates that your company will be closed, or call the Department of Agriculture at least five working days in advance. If the Ohio Department of

Agriculture arrives to do an examination and your company is closed or the required staff is not available, your company will be charged for a return examination.

Please list the following information for each of your licensed facilities:

Facility Locations	Branch Manager	Telephone	Storage Capacity (bu.)	Railroad Serving Facility	Siding Size (Cars)	Truck Sale Capacity (Tons)
1. MAIN:						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Does your company use computerized grain software? Yes No *If Yes, please provide the following:*

Vendor Name	Contact Person	Vendor Address	Telephone

Has the applicant ever pled guilty to, or ever been convicted of any felony or charge of embezzlement under the laws of this state, any other state, or of the United States? If so, explain:

The applicant, as a condition to the granting of an agricultural commodity handler license, agrees to comply with and abide by the terms of Chapter 926 of the Revised Code and the rules adopted there under, so far as the same may relate to him/her. The statements made in the forgoing are hereby certified to be true, accurate, and complete to the best of my knowledge.

Signed: _____

Date: _____

Print Name: _____

Title: _____

PLEASE KEEP IN MIND THAT ALL BLANKS MUST BE FILLED IN ON THIS FORM.

If any step does not apply to your business, please place an "N/A" in the space provided. Failure to complete the application to its entirety may result in rejection of the application. If you have any question, please feel free to call me at (614) 728-6410. Thank you for your cooperation.

David K. Simmons
Agriculture Inspection Manager