



**ARKANSAS
STATE PLANT
BOARD**

GW-7
P.O. Box 1069 ■ Little Rock, Arkansas 72203
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Darryl Little
Director

**RENEWAL APPLICATION
FOR A PUBLIC GRAIN WAREHOUSE LICENSE
IN AND UNDER THE LAWS OF THE STATE OF ARKANSAS
ACT 83 OF 1979**

NAME OF COMPANY (LEGAL NAME AS SHOWN ON LICENSE)		LICENSE NUMBER	
ADDRESS OF WAREHOUSEMAN'S MAIN OFFICE			COUNTY
CITY	STATE	ZIP	
TRADE NAME OF WAREHOUSE (ELEVATOR)			
LOCATION (CITY)			COUNTY
PHONE	FAX NUMBER	PRINTED NAME OF INDIVIDUAL IN <input type="checkbox"/>	
EMAIL ADDRESS:		SIGNATURE OF INDIVIDUAL IN CHARGE	

A. RETURN THIS APPLICATION WITH ATTACHED FORMS:

1. Fill out and return Schedule of Charges (Form GW-5). (Sign & add tariff date.)
2. Complete Certificate of Fact (Form GW-3). (Notarize)
3. Enclose a copy of your most recent financial statement. This statement must have been prepared by and sworn to by a CPA or Registered Public Accountant. The statement must contain:
 - a. Statement signed by CPA or RPA
 - b. Balance Sheet
 - c. Income and Expense Sheet
 - d. Statement of Cash Flows
 - e. Schedule of Notes Payable

B. HAVE YOU MADE ANY OF THE FOLLOWING CHANGES IN YOUR OPERATION SINCE LAST WAREHOUSE LICENSE WAS ISSUED TO YOU:.

1. Is name of this warehouse the same? YES NO

If NO, indicate: _____

2. Your total amount of licensed storage capacity (now on file) indicates _____ bushels. (See cover letter, Item 1.)

If this amount has changed, was the change an increase or a decrease?

Increase of _____ Bushels. Decrease of _____ Bushels.

3. Changed type of record system? YES NO

4. Do you deal in priced later contracts? YES NO

5. Are the officers (if incorporated) the same? YES NO

6. If a partnership, are the partners the same? YES NO

7. Refer to the cover letter attached, Item 5: License Fee: \$ _____

PLEASE COMPLETE THIS RENEWAL APPLICATION IN FULL. UPON COMPLETION, MAIL TO THE ABOVE ADDRESS: ATT: MICHAEL L. CHURCHWELL, MANAGER, GRAIN WAREHOUSE SECTION