

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

| | | | |
|---|------------|--|--------|
| Full 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 |
| Ph: Number | Fax Number | Printed Name of Individual in Charge (if NEW indicate) <input type="checkbox"/> | |
| Upon approval of this request to amend the current license, I (warehouseman) certify to the State Plant Board Grain Warehouse Section; if in the future, I (warehouseman) utilize discontinued storage space, increase or decrease storage space, change the operational name of the facility, change the name of the warehouse manager and/or owner, change in name of the officers if a corporation, change the Schedule of Charges or discontinue operations as a Licensed Grain Warehouse Facility (*which requires a 30 day notice and close out audit), I (warehouseman) will immediately notify the State Plant Board Grain Warehouse Section. | | | |
| Date | | Signature of Warehouseman | |

A. RETURN THIS APPLICATION WITH REQUIRED ATTACHED FORMS

B. COMPLETE THE FOLLOWING QUESTIONS:

1. Will name of this warehouse be the same as your licensed warehouse? YES No

If No, indicate: _____

2. Amount of storage space: **Increase** **Decrease** **Bushels** _____

Indicate the number and location of the facility(s) storage bins, buildings, etc. _____

If decrease give reason: _____

3. Is this storage: A. Leased or Rented B. Purchased
 C. New Construction D. Other _____

4. Will this warehouse be operated in conjunction with your licensed warehouse?
 YES NO If NO, Comment _____

Will one set of records be maintained at one central office, which will be representative
 5. of all locations? YES NO If No comment: _____