

BEFORE THE IOWA DEPARTMENT OF AGRICULTURE AND LAND STEWARDSHIP
APPLICATION FOR IOWA WAREHOUSE OPERATOR LICENSE

LICENSE NO.: W- \_\_\_\_\_

The undersigned hereby makes application to participate in the Iowa Grain Depositors and Sellers Indemnity Fund in conformity with the provisions of Iowa Code Chapter 203D and to obtain a Warehouse Operator License in conformity with the provisions of Iowa Code Chapter 203C and the Rules of the Department of Agriculture and Land Stewardship, and in support thereof, submits the following information:

Full and correct name of applicant \_\_\_\_\_

Corporate Office
Mail Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Location of Business
Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address
Street No. or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Manager: \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax No. \_\_\_\_\_

Applicant is a/an \_\_\_\_\_ doing business under the name of \_\_\_\_\_
(Corporation, Individual, Partnership or Limited Liability Company)

Fiscal Year End of applicant is \_\_\_\_\_ Email \_\_\_\_\_

The applicant, if a corporation or a limited liability company, was organized under the laws of the state of \_\_\_\_\_ and is authorized to do business in the State of Iowa, and that the names and addresses of the officers are as follows:

President \_\_\_\_\_ Address \_\_\_\_\_
Secretary \_\_\_\_\_ Address \_\_\_\_\_
Treasurer \_\_\_\_\_ Address \_\_\_\_\_

If applicant is a partnership, the partners are as follows:

Name \_\_\_\_\_ Address \_\_\_\_\_
Name \_\_\_\_\_ Address \_\_\_\_\_
Name \_\_\_\_\_ Address \_\_\_\_\_

The warehouse facility or facilities proposed to be licensed is or are as follows: (If additional space is needed, attach sheet)

Table with 6 columns: STATION TOWN, COUNTY, TYPE OF CONSTRUCTION, NUMBER AND SECTION OF EACH STRUCTURE TO BE LICENSED, NUMBER OF BINS, PRODUCTS TO BE STORED, CAPACITY

For Office Use Only

CAP \_\_\_\_\_
N/W \_\_\_\_\_ EFFECTIVE \_\_\_\_\_
FEES \_\_\_\_\_ CHECK # \_\_\_\_\_

Approved: \_\_\_\_\_
Signature of Warehouse Examiner

FEES:

A. In Box A, list the total of all storage capacities listed on page 1

A) \_\_\_\_\_ Bushels

B. Multiply the amount in Box A by \$0.00014. Enter this amount in Box B

B) \$ \_\_\_\_\_

C. In Box C, enter the lesser of Box B or \$500.00

C) \$ \_\_\_\_\_

D. In Box D, enter the greater of Box C or \$50.00

D) \$ \_\_\_\_\_

The amount in Box D is your grain indemnity fund participation fee.

E. For the capacity in Box A, find the correct license fee in chart E below:

Chart E	BUSHEL OF STORAGE CAPACITY	FEE	BUSHEL OF STORAGE CAPACITY	FEE	
<input type="checkbox"/>	100,000 or less	\$58	<input type="checkbox"/>	3,000,001 TO 4,750,000	\$307
<input type="checkbox"/>	100,001 TO 750,000	\$125	<input type="checkbox"/>	4,750,001 TO 9,500,000	\$374
<input type="checkbox"/>	750,001 TO 1,500,000	\$191	<input type="checkbox"/>	9,500,001 or more	\$440
<input type="checkbox"/>	1,500,001 TO 3,000,000	\$249			

Divide the amount determined in Chart E by 12 and multiply by the number of months from the current month to three months past your company's fiscal year end. Enter this in Box E. This is your prorated license fee.

E) \$ \_\_\_\_\_

F. Enter the total of the amounts in Box D and E. This is the total amount due. PAY THIS AMOUNT

F) \$ \_\_\_\_\_

To obtain help in determining your storage capacity or fees due, please call IDALS at 515-281-5987

Applicant will submit such further evidence in support of statements made in the application as required by the Department. As a condition to the granting of this application, applicant agrees to comply with and abide by all terms of Iowa Code Chapter 203C and 203D, and such rules as are or may be prescribed thereunder by the Department. Applicant acknowledges that the storage facilities listed in this application are whether owned by or have been leased to the applicant and that applicant has access to and control over these facilities.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_  
Signature and Title

OATH

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_ being first duly sworn on oath, depose and say that I am the \_\_\_\_\_  
Title

of \_\_\_\_\_, that I have read the foregoing application, know its purpose, am  
Business Name

familiar with the facts therein set forth and the same is true and correct.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me, a Notary Public in and for the State and County above named, thi \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Application must be signed and sworn to by applicant, if an individual; by a member of the partnership, if applicant is a partnership; or by any officer of the corporation, if the applicant is incorporated.