PCA 23303 OBJECT 5787

Date Received

Amount Received



**2016 GRAIN DEALERS LICENSE REMITTANCE FORM**

**Maryland Department of Agriculture**

P.O. Box 17304

Baltimore, Maryland 21297-1304

Or Fed Ex:

First Data/Remitco

Attn: Maryland Dept of Agriculture/LOCKBOX 7671

400 White Clay Center Dr

Newark DE 19711

 **(410) 841-5769 FAX (410) 841-2750**

**2016 Grain Dealer License Application – Due by December 15, 2015**

Do you buy, receive, exchange or store grain from a person who grows grain in Maryland? This includes out of state companies setting up buying stations in Maryland or sending trucks into Maryland to pick up grain they have purchased.

❑Yes ❑ No If no, you are not required to be licensed. If yes,

Are you a farmer who buys, receives, exchanges or stores grain strictly for use on your own farm (i.e. feed for your own animals)?

❑Yes ❑ No If yes, you are not required to be licensed.

If you are not required to be licensed based on your answer to either of these two questions, please sign below and return to the Maryland Department of Agriculture, Food Quality Assurance Program, 50 Harry S. Truman Parkway, Annapolis, MD 21401-7080.

Name of Business Date

Authorized Signature Printed Name and Title

If you are required to be licensed, the completed application, insurance requirements compliance documentation, financial documentation, and the required fee must be submitted no later than December 15, 2015 for your 2016 license. This remittance form and the appropriate fees must be submitted to either of the lock box addresses listed above. Your application and supporting documentation can also be sent to either of the lock box addresses with your fee. All other correspondence should be sent to Maryland Department of Agriculture, Food Quality Assurance, 50 Harry S. Truman Parkway, Annapolis, MD 21401.

FOOD QUALITY ASSURANCE PROGRAM

GRAIN LAW SECTION

(410) 841-5769 FAX (410) 841-2750

|  |
| --- |
|  |
| ***Application Received*** |  | ***Fee*** |  | ***PCA - 23303*** |
| ***Financial Statement*** |  | ***License Number*** |  | ***Revenue - 5787*** |
| ***Insurance*** |  | ***Control Numbers*** |  |  |
| ***Check Number*** |  | ***Deposit Date*** |  |  |
| ***License Mailed*** |  |  |  |  |

**2016 APPLICATION FOR GRAIN DEALERS LICENSE**

**UNDER THE MARYLAND GRAIN DEALERS LICENSING LAW**

(*please type or print*)

I,

 Printed name of Representative) (Title) (E-Mail Address)

for

 (Company Name) (Telephone Number of Representative)

hereby apply for a license to operate a grain dealer business (in accordance with the provisions of

Agriculture Article, Sections 13-201 through 215, Annotated Code of Maryland).

(Mailing Address of Principal Place of Business)

Street Address City County

 State Zip Code Telephone Number FAX Number

If a corporation, indicate the following:

State and Date of Incorporation

*Please list below all company locations handling grain in the State of Maryland,* ***including address of principal place of business******if applicable****. Separate licenses will be issued for each of the following locations and mailed to the principal place of business upon receipt of required fees and documentation.*

Location #1:

Company Name

Street Address City County

State Zip Code Telephone Number FAX Number

Location #2:

Company Name

Street Address City County

State Zip Code Telephone Number FAX Number

Location #3:

Company Name

Street Address City County

 State Zip Code Telephone Number FAX Number

Location #4:

Company Name

Street Address City County

 State Zip Code Telephone Number FAX Number

***If more than four locations, type or print additional sheet and attach to this application.***

1. ***Types of Licenses***

|  |  |  |
| --- | --- | --- |
| Type of License | Bushels of grain anticipated to be handled in the year of license application, rounded to the nearest 1,000 bushels. | Annual License Fee |
| A | 1 to 49,999 | $50.00 |
| B | 50,000 to 99,999 | $100.00 |
| C | 100,000 to 499,999 | $200.00 |
| D | 500,000 and above | $300.00 |

(a) Type of license required for year 2010: A❑ B❑ C❑ D❑

(b) Number of bushels applicant anticipates handling in year 2016: bushels

(c) Number of bushels applicant handled as shown in his/her most recent grain records:

 bushels

(d) Annual license fee enclosed $ . All fees, applications, and required documentation are to be mailed to the Maryland Department of Agriculture, Grain Laws Section, 50 Harry S. Truman Parkway, Annapolis, MD 21401-7080. Checks are to be made payable to the Maryland Department of Agriculture.

2. ***Filing of Financial Statement or Posting of Surety Bond, Irrevocable Letter of Credit or Cash Guaranty***

(Please check the type of financial documentation you are submitting)

**FINANCIAL STATEMENT:**

\_\_(a) *License Type A* - Financial Statement prepared and signed by someone other than applicant and signed by applicant indicating minimum financial net worth of $15,000.00.

\_\_(b*) License Type B* - Financial Statement prepared and signed by someone other than applicant and signed by applicant indicating minimum financial net worth of $35,000.00.

\_\_(c) *License Type C or D* - Financial Statement based on a review or audit by a certified public accountant indicating a minimum net worth of $100,000.

\_\_(d) *Attachment B* completed and signed by a certified public accountant indicating the minimum net worth required for the license type.

Or **POSTING** (Type A - $15,000, Type B - $35,000 or Type C and D $100,000)

 Type Amount

(a) Surety Bond

(b) Irrevocable Letter of Credit; or

(c) Cash Guaranty

3. ***Providing Proof of Insurance Coverage***

(Please check one)

 (a) An insurance policy certified to be true by the insurance company or agency; or

 (b) An insurance binder or other evidence of insurance.

Name and Address of Insurance Company

Insurance Agent: Binder/Policy Number Expiration date

Agent’s Telephone Number: ( ) Agent’s FAX Number: ( )

4. ***Workmen's Compensation Insurance***

***Please check here ❑ if your business is not required to carry workmen’s compensation insurance.***

Name and Address of Insurance Provider:

Agent’s Telephone Number: ( )

Binder or Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. ***Affirmation***: ***A person who applies for a renewal or original licensure as a grain dealer shall make an affirmation under penalty of perjury that all representations made by him/her in the most recent grain records are true and correct. He/She also shall notify this Department immediately if his/her status as to the type of license changes.***

Under penalties of perjury, I affirm the following:

(a) All representations I have made in my most recent grain records are true and correct; and

(b) The representations and statements in this application are true and correct.

Name (printed) Signature Title Date

**PUBLIC INFORMATION NOTICE**:

You have the right to inspect, amend or correct both the application and the financial statement you submit. The information contained in the application may be subject to public inspection. This information is not routinely shared with other state, federal or local governmental agencies. Incomplete applications received by the Department may be rejected.

**SUMMARY OF DOCUMENTATION AND FEES REQUIRED**

 ***ANNUAL FEE***

Type of license and annual fee is dependent on the number of bushels anticipated to be handled in the year of application. The annual license fee for the type of license for which you are applying ***must be included with your application***.

|  |  |  |
| --- | --- | --- |
| Type of License  | Bushels of Grain Anticipated to be Handled in the Year of License Application, Rounded to Nearest 1,000 Bushels | Annual License Fee |
| A | 1 to 49,999 bushels | $ 50.00 |
| B | 50,000 to 99,999 bushels | $100.00 |
| C | 100,000 to 499,999 bushels | $200.00 |
| D | 500,000 bushels and above | $300.00 |

 ***PROOF OF INSURANCE COVERAGE FOR GRAIN***

Proof of insurance which covers all of the grain received into the actual physical control or possession of the licensed person ***must be included with your application****.* Certificates of insurance and evidence of property insurance forms prepared by your insurer must include the following wording:

**“The amount of the insurance shall be the fair market value of the grain and shall include coverage against loss or damage by fire, lightning, inherent explosion, windstorm, cyclone, tornado.**”

 ***FINANCIAL STATEMENT OF NET WORTH***

A financial statement which establishes the net worth of your business ***must be included with your application***. A surety bond or an irrevocable letter of credit at least as large as the minimum net worth required for the type of license for which you are applying is also acceptable. Surety bonds and irrevocable letters of credit must be prepared using forms provided by this Department.

Please call (410)543-6630 if you need either of these forms.

The minimum amount of net worth required is determined by the type of license for which you are applying.

|  |  |
| --- | --- |
| Type of License | Minimum Net Worth |
| A | $ 15,000.00 |
| B | $ 35,000.00 |
| C | $100,000.00 |
| D | $100,000.00 |

FOR TYPE A AND TYPE B LICENSES:

The financial statement must be prepared and signed by a person other than the applicant or a member of the applicant’s business or family. The financial statement must also be signed by the applicant.

FOR TYPE C AND TYPE D LICENSES

The financial statement must be a **review or audit** prepared by a certified public accountant. The enclosed Attachment B may be used to provide this information. A financial statement based on a compilation will not be acceptable.

**Mailing Address**

Maryland Department of Agriculture

P O Box 17304

Baltimore MD 21297

**FEDEX ADDRESS**

First Data/Remitco

Attn: Maryland Dept of Agriculture/LOCKBOX 7671

400 White Clay Center Dr

Newark DE 19711

 ATTACHMENT B

We have conducted a review of the records of the applicant's grain business for the fiscal year

ending in accordance with generally accepted standards. In

 our opinion the net worth of:

 ,

(company)

calculated on a basis consistent with generally accepted accounting principles is

 $ .

Furthermore, we attest to our independence from the applicant,

 ,

 (company)

as defined in the American Institute of Certified Public Accountants' Code of Professional Ethics.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF FIRM

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CPA NUMBER

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE