

OFFIC	CE USE ONLY
FILE #	

## Indiana Grain Buyers & Warehouse Licensing Agency

One North Capitol Avenue Suite 600 Indianapolis, Indiana 46204 Phone: (317) 232-1356 Fax: (317) 232-1362

## INSTRUCTIONS: Please complete this form and attach to Financial Statement

INFORMATION HEREIN WILL REMAIN CONFIDENTIAL PER INDIANA STATUTE I.C. 26-3-7-6.5

COMPANY INFORMATION					
Name of business:					
d/b/a:					
Individual in charge:		Title of Individual in charge:			
Address (location and mailing):					
City, State, ZIP Code:			County:		
ony, date, zii odde.			County.		
Telephone number (Area code):		Fax number (Area code):			
FORM OF BUSINESS ORGANIZATION		PRINCIPLE BUSINESS ACTIVITIES	BUSINESS TYPE		
Check ☑ only one:			C Crain		
<ul><li>□ Proprietorship</li><li>□ Partnership</li><li>□ "S" Corporation</li><li>□ Other, specify:</li></ul>	☐ Corporation (Regular)☐ Cooperative	☐ Grain Bank ☐ Warehouse ☐ Grain Buyer ☐ Grain Buyer & Warehouse	☐ Grain ☐ Grain & Feed ☐ Seed ☐ Popcorn ☐ Other, specify:		
Fiscal Closing Date (month, day, year):	Date of Incorporation (month, day, year):	Accounting Basis:   Cash  Accrual			
Owner's name and address (if proprietorship), Partners (if partnership), or Officers and Directors ( in the case of corporations).  Attach separate list if necessary					
Name:	·	Percent owned (to total 100%)	If corporation, (check one box)  □ Director □ Officer		
Address:		Title:			
Name:		Percent owned (to total 100%)	If corporation, (check one box)  ☐ Director ☐ Officer		
Address:		Title:			
Name:		Percent owned (to total 100%)	If corporation, (check one box)  □ Director □ Officer		
Address:		Title:			
Name:		Percent owned (to total 100%)	If corporation, (check one box)  □ Director □ Officer		
Address:		Title:			
APPLICANT'S VERIFICATION					
I, (Name): being first duly sworn, depose and say that I am					
the (Title): of the licensee (Name of Company): authorized on the part of said company to verify and file with the Indiana Grain Buyers and Warehouse Licensing Agency this financial profile; that I have full personal knowledge of the matters set forth herein and that all of the same are true in substance and in fact.					
Signature: Date (month, day, year):					
The above verifi	The above verification must be signed by the owner if an individual, by one of the partners if a partnership, or by an officer of the corporation if a corporation.				