

**FINANCIAL PROFILE**

State Form 1349 (R7 / 7-15)
 Approved by State Board of Accounts, 2015
 INDIANA STATE DEPARTMENT OF AGRICULTURE

OFFICE USE ONLY

File number

**INDIANA GRAIN BUYERS AND
 WAREHOUSE LICENSING AGENCY**
 One North Capitol Avenue, Suite 600
 Indianapolis, Indiana 46204
 Telephone: (317) 232-1360
 Fax: (317) 232-1362

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

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

COMPANY INFORMATION		
Name of business		
Doing business as (d/b/a)		
Individual in charge	Title of Individual in charge	
Address (location and mailing)		
City, State, ZIP Code		County
Telephone number (Area code)	Fax number (Area code)	
FORM OF BUSINESS ORGANIZATION	PRINCIPLE BUSINESS ACTIVITIES	BUSINESS TYPE
Check "✓" only one: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Cooperative <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Other, <i>specify</i> : _____	<input type="checkbox"/> Grain Bank <input type="checkbox"/> Warehouse <input type="checkbox"/> Grain Buyer <input type="checkbox"/> Grain Buyer and Warehouse	<input type="checkbox"/> Biofuels <input type="checkbox"/> Grain <input type="checkbox"/> Grain and Feed <input type="checkbox"/> Seed <input type="checkbox"/> Popcorn <input type="checkbox"/> Other, <i>specify</i> : _____
Fiscal closing date (month, day, year)	Date of incorporation (month, day, year)	Accounting basis <input type="checkbox"/> Cash <input type="checkbox"/> 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 <input type="checkbox"/> Director <input type="checkbox"/> Officer
Address (number and street, city, state, and ZIP code)		Title
Name	Percent owned (to total 100%)	If corporation, check one box <input type="checkbox"/> Director <input type="checkbox"/> Officer
Address (number and street, city, state, and ZIP code)		Title
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Address (number and street, city, state, and ZIP code)		Title

APPLICANT'S VERIFICATION	
I, (Name) _____ attest 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 this information is true and accurate.	
Signature	Date (month, day, year)
The above verification must be signed by the owner if a proprietorship, by one of the partners if a partnership, or by an officer of the corporation if a corporation.	