Oklahoma Department of Agriculture, Food, and Forestry
Grain Warehouse Program
P.O. Box 528804
Oklahoma City, OK  73152-8804

To discuss warehouse charter, please call (405) 521-3864

CHECK LIST:  (Check off as completed and return this page with packet to above address.

1.  (DLS-1,2,3,4)  Application completed, signed and NOTARIZED

2.  Supplement Section for Each functional Unit (Locations)

3.  (DLS-5)  Application for State Surety (30 days before needed)
   Certificate of Insurance on Commodities

4.  (DLS-6)  Insurance Co. and Phone Number

5.  (DLS-7 & 7a)  Two Page Financial Statement

6.  (DLS-8)  Public Warehouse Corporate Bond if not on file
   (CHECK ONE)
   CORPORATE BOND
   STATE SURETY
   CD (Certificate of Deposit)

7.  One time Charter fee  $ ____________
   State Surety  $ ____________ (if applicable)
   Total of Separate Checks  $ ____________

8.  Copy of Current Scale Ticket(s)

9.  (DLS-10)  Authorization to sign Warehouse Receipts

10.  Is the Legal Description/Lease Agreement and Appraisal attached?

APPLICANT SIGNATURE  ________________________________ PHONE  ________________________________

Bookkeeper  ________________________________ PHONE  ________________________________

Firm name & mailing address:
APPLICATION FOR PUBLIC WAREHOUSE CHARTER

WAREHOUSE NAME & ADDRESS

MANAGER

BUSINESS (Fiscal) YEAR BEGIN DATE

NUMBER OF FUNCTIONAL UNITS (LOCATIONS)

Attach: Legal Description of all Locations

Lease Agreement(s) and Appraisal

CHECK ONE: Individual ☐ Partnership ☐ Corporation ☐ Cooperative ☐

List names, addresses and titles of all individual owners, partners, corporate officers, major stockholders and/or board members:

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<th>Name</th>
<th>Address</th>
<th>Title</th>
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Have you ever had a public license suspended or revoked in Oklahoma? YES NO
If Yes, Please explain:

Has a warehouse you owned or operated ever declared Bankruptcy? YES NO
If YES, specify state, court and case number:

Have you been: Denied a bond for warehousing? YES NO
Convicted of a felony? YES NO
Employed by other grain firm(s) in the last five years? YES NO
Have you owned or operated a commodity warehouse under a different name? YES NO

If you answered yes to any of the above 4 questions, please explain.
Complete the following information for each location, including the main one. (You may make copies for more locations.)

<table>
<thead>
<tr>
<th>Warehouse located at or near:</th>
<th>TOWN</th>
<th>COUNTY</th>
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Circle appropriate answers: Warehouse OWN or LEASE

Manager _________________ Phone Number ____________________________

Do you plan to apply for a federal UGSA – CCC Code number? YES NO

List functional unit name or section(s) or bin numbers at this location:

<table>
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<tr>
<th>Location Capacity: (Number of bushels this location will hold) Bu.</th>
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</table>

List names and license numbers of weigher and graders at this location, if known.

Weighers and graders must attend the Spring Grain Grading School and take the written and practical test.

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<tr>
<th>Name</th>
<th>License Number</th>
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- 3 -
List two personal references with address and phone numbers:


PLEASE NOTE: Have you taken your Corporate Bond form and/or Insurance on Commodities form to your Insurance Company? (This is the first step to be completed, since it takes the longest to get done.)

READ CAREFULLY AND SIGN:

This application is made for license to operate a Public Warehouse for the purpose of storing and/or handling for re-storage commodities pursuant to the provisions of 2 O.S., 1991, Section 9-21 et. Seq. and the Rules and Regulations promulgated the Oklahoma State Department of Agriculture, Food, and Forestry.

I, ________________________________, as Manager or Owner of this facility, hereby certify that the above statements are true and correct to the best of my knowledge, and as operator or manager of the above applicant warehouse, I will comply with the State Laws, Rules and Regulations promulgated thereto, and will advise of any change in status.

(Signature) (Corporate Seal)

(Typed or printed name)

State of _________________________ County of _________________________

Subscribed and sworn before me _________________________ .20 ______

My Commission expires _________________________ .20 ______

Notary Public _________________________ Number _________________________

NO CHARTER WILL BE ISSUED UNTIL:

Application is completed in detail and approved
Corporate Bond, State Surety, or CD is approved
Current Financial Statement/Net Worth is approved
Certificate of Insurance on Commodities is approved
APPLICATION FOR STATE PROVIDED PUBLIC WAREHOUSE SURETY

I ________________________________________________________________ doing business as

I hereby make application with the Oklahoma Board of Agriculture for surety as provided for in the Public Warehouse and Commodity Indemnity Act.

Warehouse Capacity ___________

($20.00 per $1,000 of required surety)
(Surety Minimum $50,000 – Maximum $500,000)

Amount Due $____________

Paid by Ck. #______________

Coverage Period __________

I certify that all information provided to secure this surety is correct and that my financial statement has been prepared and audited by a qualified person as required in OAC Rule 35: 10-7-12.

Signature______________________________

Title_________________________ Date__________

(Corporate Seal)
OKLAHOMA DEPARTMENT OF AGRICULTURE
GRAIN WAREHOUSE PROGRAM
P.O. BOX 528804
OKLAHOMA CITY, OK  73152-8804
(405) 522-5972

CERTIFICATE OF INSURANCE ON COMMODITIES

REPRESENTS CONTINUOUS COVERAGE – CANCELLATION NOTICE REQUIRED

County of ______________________________
State of ________________________________

NAME OF INSURED ________________________________
ADDRESS OF INSURED ________________________________

Comes now the undersigned, of lawful age and swears and verifies:
That I am an agent for the ________________________________
Which has insurance policies in force and effect as described below:

*List Limits of Stocks and Facilities Separate

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<tr>
<th>LOCATIONS</th>
<th>POLICY NUMBER</th>
<th>EFFECTIVE DATE</th>
<th>CONTINUOUS UNTIL CANCELLED</th>
<th>(LIMITS OF LIABILITIES)</th>
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Coverage provided in these policies includes loss or damage to commodities by fire, lightning, inherent explosion, windstorm, cyclone, or tornado.

This shall be continuous coverage provided that in the event the policy or policies described above is/are cancelled, I shall notify the Oklahoma Department of Agriculture, Food, and Forestry, Grain Warehouse Program, P.O. Box 528804, Oklahoma city, OK  73152-8804, within 15 days prior to the cancellation of coverage of any portion thereof.

Subscribed and sworn before me this

_______ day of __________ , 20_____

Notary ________________________________
Number ________________________________
(Seal)

My Commission Expires _________________

Signature ________________________________ Date ________________

Insurer ________________________________

(Resident Agent Signature)

(Resident Agent Typed or Printed Name)

(Resident Agent Business Phone)

(Resident Agent Business Address)

If agent is corporations, affix CORPORATE SEAL

DLS-7 (10/2002)
## Financial Statement Submitted for Oklahoma Public Warehouse License

<table>
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<tr>
<th>Firm</th>
<th>Warehouseman</th>
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<td>Address</td>
<td>Phone</td>
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<td>City</td>
<td>State</td>
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**Records audited?** Yes No  **Audit Date:**

### Assets: Current Assets:
- Cash on Hand
- Cash in Banks
- Accounts Receivable
- Less: Reserve for bad debts
- Inventories
- Storage Receivable
- Prepaid / Deferred Charges
- Grain Receivables

### Liabilities & Members Equity: Current Liabilities:
- Accounts Payable
- Grain Payable
- Notes Payable
- Certificates of Indebtedness (1YR)
- Accrued Interest
- Accrued Tax/Real Estate
- Other Accrued Expense
- Storage Payable
- Prepaid Storage Income
- Grain Contracts Payable
- Lease Payable

### Current Assets Total

### Long Term Investments:
- Stocks
- Bonds & Securities
- Investments

### Long Term Liabilities:
- Notes Payable
- Land, Building, & Equipment
- Notes Payable/Other
- Certificates/Indebt.
- Lease Payable

### Long Term Investments Total

### Fixed Assets:
- Land, Building, & Equipment
- Less Depreciation Reserve
- Net Fixed Assets:

### Member's Equity:
- Common Stock
- Preferred Stock
- Stock Credits
- Deferred Patronage
- Reserves
- Retained Earnings
- Net Savings this Year

### Other Assets Total

### Member's Equity Total

### Total Assets

### Total Liabilities

### Net Worth

### Total of Both

**Certification:** I certify and declare that the above and/or attached statement and representations constitute a true and accurate account of my financial condition on __________, __________. I agree to and will notify you at once, in writing of any materially unfavorable change in my financial condition. I authorize the Oklahoma Board of Agriculture or its authorized agent to verify any part of this financial statement and license application.

Subscribed and sworn to before me this __________ Signature ________________ Date __________

Day of __________, __________.

Notary Public

(Seal) NO. _______________ Title ____________________________

My Commission Expires ________________

---

DLS-7a (10/2002)
Please list and describe the following assets claimed on page one of the Financial Statement. (You may make copies or use the back if needed.)

**Stocks:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Bonds:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Securities:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Investments:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Other:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**PLEASE NOTICE:** If you use fair market value for your fixed assets, you must have a current appraisal on file with the Department of Agriculture, Food, and Forestry.

Please Attach your most recent PROFIT & LOSS statement.
STATE OF OKLAHOMA
PUBLIC COMMODITY WAREHOUSEMAN’S BOND

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, ___________________________ OF ___________________________

(Warehouseman) (Office Mailing Address)

County of ___________________________ State of ___________________________ a(n) ________________

as PRINCIPLE, and ___________________________ OF ___________________________

(surety company) (city, state & zip)

Surety Phone ___________________________ Oklahoma Resident Agent Phone ___________________________

(Oklahoma Resident Agent, Address & zip)

State of ___________________________ a corporate surety duly authorized and licensed to do business in the State of Oklahoma, do bind ourselves to the Oklahoma Board of Agriculture, Food, and Forestry for the benefit of all persons doing business with the applicant as a state chartered warehouseman relative to the storage of commodities, in the penal sum of: ___________________________ DOLLARS lawful money of the United States, for the payment of which, well and truly to be made, we bind our self, our heirs, executors, administrators, legal representatives, successors and assigns firmly by the presents.

THE CONDITIONS OF THIS OBLIGATION are such that if said Principle performs all of the duties of a chartered public warehouseman relating to the storage of Commodities and complies with all the provisions of the Oklahoma Public Warehouse and Commodity Indemnity Act, 2 O.S.S. 1990, Section 9-21 et seq and the rules and regulations promulgated thereunder, then this obligation shall be void, otherwise to remain in full force and effect until cancelled as provided for in Section 9-22 and Rule 5-304. In no event shall the liability of the surety accumulate for more than one year during which this bond is in force, but shall be limited in the aggregate to the bond amount stated above, or changed by appropriate rider(s) or endorsement(s).

This bond shall become effective on ________________ ,20 ______ and shall continue in full force and effect until cancelled. Provided, that this bond may not be cancelled by the Principle or Surety named herein, except in accordance with Rule 5-304, B which requires that the surety provided ninety days written notice of cancellation, sent by registered or certified mail with return receipt requested to both the above named principle and to the Grain Warehouse Program of the Oklahoma Department of Agriculture, Food, and Forestry, P.O. Box 528804, Oklahoma City, OK 73152-8804.

The provisions of the Oklahoma “Public Warehouse and Commodity Indemnity Act” relating to warehouse surety bonds are hereby made applicable to this instrument and the parties hereto and are incorporated herein by reference.

IN WITNESS WHEREOF, THE AFORESAID PRINCIPLE and SURETY have hereunto set their hands and seals this ___________________________ day of ___________________________ ,20 _______ .

ATTEST: ___________________________

(Affix Seal)

POWER OF ATTORNEY OR AUTHORITY TO BIND SURETY TO BE ATTACHED

PRINCIPLE

BY: ___________________________

SUCCEEDING PERSON

(Attorney-in-fact)

SURETY

BY: ___________________________

(Attorney-in-fact)

ALL BLANKS MUST BE COMPLETED
ATTACH COPY OF CURRENT SCALE TICKET(S) HERE
OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD AND FORESTRY
GRAIN WAREHOUSE PROGRAM

AUTHORIZED WAREHOUSE RECEIPT SIGNATURES

DATE

FIRM NAME

CHARTER #  CCC CODE #

The Person(s) named heron are authorized to sign Warehouse Receipts issued by the above named Warehouse for commodities stored under bailment at the warehouse location shown below:

Please Print

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<th>PERSON AUTHORIZED</th>
<th>AUTHORIZED SIGNATURE</th>
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Each authorization shall remain in effect until cancelled in writing.

Person Authorizing above Signatures

Title