



# OKLAHOMA Agriculture, Food and Forestry

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:

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

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.)

Warehouse located at or near: TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_

Circle appropriate answers: Warehouse OWN or LEASE  
Equipment 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: \_\_\_\_\_

Location Capacity: (Number of bushels this location will hold) \_\_\_\_\_ Bu.

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.

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

Warehouse located at or near: TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_

Circle appropriate answers: Warehouse OWN or LEASE  
Equipment 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: \_\_\_\_\_

Location Capacity: (Number of bushels this location will hold) \_\_\_\_\_ Bu.

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.

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

List two personal references with address and phone numbers:

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**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

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY  
P O BOX 528804  
OKLAHOMA CITY OK 73152-8804  
(405) 522-5972

**APPLICATION FOR STATE PROVIDED PUBLIC WAREHOUSE  
SURETY**

I \_\_\_\_\_ doing business as

do 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**

LOCATIONS	POLICY NUMBER	EFFECTIVE DATE	CONTINUOUS UNTIL CANCELLED	(LIMITS OF LIABILITIES)	
				*STOCKS	*FACILITIES

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 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurer \_\_\_\_\_

Notary \_\_\_\_\_

\_\_\_\_\_  
(Resident Agent Signature)

Number \_\_\_\_\_

(Seal)

\_\_\_\_\_  
(Resident Agent Typed or Printed Name)

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
(Resident Agent Business Phone)

\_\_\_\_\_  
(Resident Agent Business Address)

If agent is corporations, affix  
CORPORATE SEAL

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY  
**GRAIN WAREHOUSE PROGRAM**  
 2800 N. LINCOLN BLVD.  
 OKLAHOMA CITY, OK 73105-4298

**FINANCIAL STATEMENT SUBMITTED FOR OKLAHOMA PUBLIC WAREHOUSE LICENSE**

Firm _____	Warehouseman _____
Address _____	Phone _____
City _____ State _____	Zip +4 _____

Records audited?	Yes	No	Audit Date: _____	Firm: _____
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<p><b>ASSETS:</b></p> <p><b>CURRENT ASSETS:</b></p> Cash on Hand _____ Cash in Banks _____ Accounts Receivable _____ Less: Reserve for bad debts _____ Inventories _____ Storage Receivable _____ Prepaid / Deferred Charges _____ Grain Receivables _____  <b>CURRENT ASSETS TOTAL</b> _____  <p><b>LONG TERM INVESTMENTS:</b></p> Stocks _____ Bonds & Securities _____ Investments _____  <b>LONG TERM INVESTMENTS TOTAL</b> _____  <p><b>FIXED ASSETS:</b></p> Land, Building, & Equipment _____ Less Depreciation Reserve _____  <b>Net Fixed Assets:</b> _____  <b>OTHER ASSETS TOTAL</b> _____  <b>TOTAL ASSETS</b> _____	<p><b>LIABILITIES &amp; MEMBERS EQUITY:</b></p> <p><b>CURRENT LIABILITIES:</b></p> 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 _____  <b>CURRENT LIABILITIES TOTAL</b> _____  <p><b>LONG TERM LIABILITIES:</b></p> Notes Payable _____ Land, Building, & Equipment _____ Notes Payable/Other _____ Certificates/Indebt. _____ Lease Payable _____  <b>LONG TERM LIABILITIES TOTAL</b> _____  <p><b>MEMBER'S EQUITY:</b></p> Common Stock _____ Preferred Stock _____ Stock Credits _____ Deferred Patronage _____ Reserves _____ Retained Earnings _____ Net Savings this Year _____  <b>MEMBER'S EQUITY TOTAL</b> _____  <b>TOTAL LIABILITIES</b> _____ <b>NET WORTH</b> _____ <b>TOTAL OF BOTH</b> _____
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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 _____ Day of _____, _____.	Signature _____ Date _____
Notary Public _____ (Seal) NO. _____	Title _____
My Commission Expires _____	

**GRAIN WAREHOUSE PROGRAM**  
2800 N. LINCOLN BLVD.  
OKLAHOMA CITY, OK 73105-4298  
**SUPPLEMENT TO THE FINANCIAL STATEMENT**

FIRM: \_\_\_\_\_

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:**

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**Bonds:**

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**Securities:**

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**Investments:**

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**Other:**

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**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: \_\_\_\_\_

PRINCIPLE \_\_\_\_\_  
(Affix Seal)

BY: \_\_\_\_\_

SURETY: \_\_\_\_\_  
(Affix Seal)

BY: \_\_\_\_\_  
(Attorney-in-fact)

Power of Attorney or Authority to Bind Surety  
to be attached.

**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

PERSON AUTHORIZED	AUTHORIZED SIGNATURE	LOCATION

Each authorization shall remain in effect until cancelled in writing.

\_\_\_\_\_  
Person Authorizing above Signatures

\_\_\_\_\_  
Title