



Gary W. Black
Commissioner

GEORGIA DEPARTMENT OF AGRICULTURE
STATE WAREHOUSE DIVISION, ROOM 328
CAPITOL SQUARE
ATLANTA, GEORGIA 30334
TEL: (404) 656-3676 FAX: (404) 657-1425

DIVISION USE

Voucher # _____
Check # _____
Amount _____

ANNUAL APPLICATION FOR STATE BONDED WAREHOUSE LICENSE

Application is hereby made to license a State Bonded Warehouse in the State of Georgia.

EVERY QUESTION MUST BE ANSWERED IN FULL. PLEASE PRINT OR TYPE. FILE IN DUPLICATE.

TYPE OF WAREHOUSE – CHECK ONE: GRAIN COTTON OTHER COMMODITY (SPECIFY) _____

1. Name of Business: _____

2. Mailing Address: _____

3. Street Address: _____

4. Phone: Business: _____ Fax: _____ Residence: _____

5. Type of ownership: Individual Partnership Corporation

6. Names of present owners (If corporation, please list officers)

7. Key contact for license administration: _____

8. Fiscal year ending date: _____

9. Name of warehouse manager: _____

10. Name of Licensed Certified Public Weighers to be renewed:

11. STATE APPROVED CAPACITY: (BUSHEL/BALES) _____

This license expires on "June 30," but, for so long as appropriate fees thereon are paid (if fees are required), may be deemed to be renewed from fiscal year to fiscal year unless surrendered, abandoned, revoked or cancelled or unless the Commissioner of Agriculture shall require at any time a new application for any annual renewal thereof. (If all fees are not paid promptly after the end of each fiscal year, license is deemed abandoned and may be renewed only upon new application and payment of appropriate fee.)

THE STATEMENTS MADE IN THE FOREGOING APPLICATION ARE HEREBY CERTIFIED TO BE TRUE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE APPLICANT.

DATE

SIGNATURE OF APPLICANT

LICENSE NO.

TITLE