**AMENDED LICENSE APPLICATION**

GD-A, Rev. 2023-01

***ARKANSAS* *GRAIN DEALER***

**IN AND UNDER THE LAWS OF THE**

**STATE OF ARKANSAS**

**ACT 601 OF 2015**

|  |  |
| --- | --- |
| Full Name of Company **(Legal Name as shown on License)** | License Number |
|  |  |
| Address Grain Dealer’s Main Office **(Complete Address)** | County |
|  |  |
| Trade Name of Grain Dealer |
|  |
| Location **(Complete Address)** | County |
|  |  |
| Phone Number | Fax Number | Cell Phone Number |
|  |  |  |
| Email Address |
|  |
| **List any new Arkansas grain buyers:** |
| Upon approval of this request to amend the current license, I (grain dealer) certify to the State Plant Board; if in the future, I (grain dealer) change the operational name of the facility, change the name of the grain dealer manager and/or owner, change in name of the officers if a corporation, or discontinue operations as an Arkansas Licensed Grain Dealer (\*which requires a 30 day notice and close out audit), I (grain dealer) will immediately notify the State Plant Board. |
| Printed Name of Grain Dealer:  |
| Date: | Signature of Grain Dealer: |
|  |  |
| **A.** | **PLEASE RETURN APPLICATION TO:** | **Arkansas Department of Agriculture-Plant Industries Division****Grain Warehouse Section****1 Natural Resources Drive****Little Rock, AR 72205** |
| **B.** | **FILL OUT THE FOLLOWING IF APPLICABLE:** |
| Statutory Agent Business Name: | Statutory Agent Name |
|  |  |
| SA-City | SA-State | SA-Zip | County of Statutory Agent |
|  |  |  |  |
| Phone # of Statutory Agent | Cell # of Statutory Agent | Fax # of Statutory Agent |
|  |  |  |
| E-Mail Address of Statutory Agent |
|  |