**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 | | | | | | | | | | |
|  | | | | | | | | | | |