

**South Dakota Public Utilities Commission**  
**Grain Buyer/Grain Warehouse Application**

SD PUC Warehouse Division, 500 East Capitol Ave, Pierre, SD 57501-5070

www.puc.sd.gov/warehouse

605.773.5280

**\*PLEASE NOTE: Entire application must be completed. The PUC will return all incomplete applications. The Legal Name of Company and DBA, if applicable, must appear the same on the application and bond. Enclose an appropriate sized, self addressed, stamped return envelope for your license forms. Applications for renewal are due by June 1st to ensure licensing for new year starting July 1st.**

**'CLASS' of License you are applying for:**

Class A: \_\_\_\_\_ For licenses that use VCS (Voluntary Credit Sale) Contracts or exceed \$10,000,000 in annual purchases.

Class B: \_\_\_\_\_ For licenses that do not use VCS Contracts and do not exceed \$10,000,000 in annual purchases.

**'TYPE' of Business you are licensing:**

S\_\_\_\_ State Licensed Grain Storage Facilities

F\_\_\_\_ Federally Licensed Grain Storage Facilities

B\_\_\_\_ Grain Broker - No facilities or trucks

T\_\_\_\_ Truck Grain Buyer

N\_\_\_\_ Non-Storage Warehouse Facilities - Operate warehouse facilities for purchasing and selling but do not store grain for hire

P\_\_\_\_ Grain Processors - For grain processors and other end users who purchase \$300,000 or more grain directly from producers

**1) Legal Name of Company:** \_\_\_\_\_

DBA: \_\_\_\_\_

**2) Headquarters Mailing Address:** \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Web site: \_\_\_\_\_

E-mail: \_\_\_\_\_ 2nd: \_\_\_\_\_

**3) Has there been a change in ownership, including mergers since last year** \_\_\_\_ Yes \_\_\_\_ No

If yes, by whom was business previously operated? \_\_\_\_\_

**4) If applicant is sole owner, please give name:** \_\_\_\_\_

**5) If applicant is a corporation/LLC please provide the following:**

President/Manager: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Secretary: \_\_\_\_\_

Name	City, State, Zip	Phone
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Treasurer: \_\_\_\_\_

Name	City, State, Zip	Phone
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**6) If applicant is a partnership, please give names and addresses of partners:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach additional sheet if necessary to list other partners.

**7) Grain Buyer Bond Formula:**

The amount of the bond for a CLASS A or CLASS B grain buyer's license shall be based on a rolling average of the dollar amount of grain purchased by the applicant in South Dakota during the last three fiscal years. For a new grain buyer, the first years bond shall be based on the projected purchases. For a grain buyer with less than three years experience as a grain buyer, the bond shall be based on the average actual purchases made by the grain buyer in all of its previous years as a grain buyer. The bond applies to all grain purchases for all of the grain buyer's business locations.

Total grain dollars purchased in South Dakota for previous three (3) fiscal years:

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ + \$ \_\_\_\_\_

Total purchases for last 3 years (or number of years in business if less than 3) = \$ \_\_\_\_\_

Divide by 3 (or number of years in business if less than 3) = \$ \_\_\_\_\_  
(Average Annual Purchases)

Apply your average annual purchases to the table below to determine bond amount required for licensing. (New businesses apply your projected annual purchases.)

Your bond amount is \$ \_\_\_\_\_

Less than	\$2,000,001	=	\$50,000	\$30,000,001 - \$40,000,000	=	\$300,000
	\$2,000,001 - \$5,000,000	=	\$100,000	\$40,000,001 - \$55,000,000	=	\$350,000
	\$5,000,001 - \$10,000,000	=	\$150,000	\$55,000,001 - \$70,000,000	=	\$400,000
	\$10,000,001 - \$20,000,000	=	\$200,000	\$70,000,001 - \$85,000,000	=	\$450,000
	\$20,000,001 - \$30,000,000	=	\$250,000	\$85,000,001 - \$100,000,000	=	\$500,000

Bonding requirements are increased twenty-five thousand dollars (\$25,000) for each additional ten million dollars (\$10,000,000) in purchases above one hundred million dollars (\$100,000,000).

**8) Grain storage/warehouse bond formula for State Licensed Grain Storage Facilities only:**

To determine the minimum bond requirement for your state warehouse (storage) bond please complete the following calculations:

The number of facilities to be licensed is: (A) \_\_\_\_\_ X \$25,000 = (B) \$ \_\_\_\_\_

The current market value of stored grain (including warehouse receipted grain, grain bank and open storage grain for all facilities combined) is: \$ \_\_\_\_\_ X 50% = (C) \$ \_\_\_\_\_

\* The larger of B or C is the minimum storage bond required for licensing.

**9) What was the date of your last grain inventory measurement: \_\_\_\_\_/\_\_\_\_/20\_\_\_\_ State Licensed Grain Storage Only**

SDCL 49-43-10 requires that each state licensed grain warehouse obtain and provide to the commission a yearly grain measurement performed by a qualified person independent of the warehouse. A daily position report as of the time of measurement shall also be provided.

**10) Voluntary Credit Sale contracts for Class A licenses only:**

Yes\_\_\_\_ No \_\_\_\_ Please provide a copy of each type of contract you will use unless previously provided.

**11) Evidence Of Property Insurance On Inventory: Required for State Licensed Grain Storage and Class A Grain Buyers.**

Please provide evidence of property (stock coverage) insurance from your insurance company showing all locations and dollar amount of property insurance for each location. \_\_\_\_ Included \_\_\_\_ Insurance Company will forward to PUC.

**12) Fee Schedule: Please include a \$275 non-refundable fee for each licensed location.**

Please list all locations, phone numbers, and managers on Form 4 (a).

**13) Financial Statement:**

\_\_\_ Pursuant to SDCL 49-45-6, ARSD 20:10:11:14 and 20:10:12:14, a current Financial Statement is included.

\_\_\_ A current Financial Statement has already been forwarded to the Commission.

**14) Financial Condition at date of application:** Date \_\_\_\_\_, 20\_\_\_\_

Current Assets \$ \_\_\_\_\_ Current Liabilities \$ \_\_\_\_\_

Long Term Debt \$ \_\_\_\_\_ Total Stockholder Equity \$ \_\_\_\_\_

**15) Bank Credit Reference and Accounting Firm Information:**

Name of Bank \_\_\_\_\_

Contact person \_\_\_\_\_ Telephone # \_\_\_\_\_

Name of Accountant \_\_\_\_\_

Contact person \_\_\_\_\_ Telephone # \_\_\_\_\_

**16) Signature of Officer and Corporate Seal: \*Signature must be notarized in the acknowledgement, # 17, below.**

I hereby authorize the Commission to investigate the financial information submitted for the purpose of verifying its accuracy and truth. My creditors and others who possess knowledge of this information may release it to or discuss it with the Commission or its staff for the purpose of determining whether I will receive the license applied for.

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

\_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

(Corporate Seal)

\_\_\_\_\_

Title

**17) Acknowledgement of Officer Signature:**

STATE OF \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_,

known to me or satisfactorily proven to be the person whose name is \_\_\_\_\_

subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Notarial Seal)

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
My commission expires

**Form 4 (a)**

**Locations:** Please list each location which you intend to operate during the licensing year.

**City:**

**Telephone:**

**Manager's Name:**

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Attach additional sheet if necessary